



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

University of Wollongong  
**Research Online**

---

Faculty of Science, Medicine and Health - Papers

Faculty of Science, Medicine and Health

---

2014

# Critical Ally and Critical Friend: stepping stones to facilitating practice development

Michele Hardiman

*Galway Clinic*

Jan Dewing

*University of Wollongong, [jand@uow.edu.au](mailto:jand@uow.edu.au)*

---

## Publication Details

Hardiman, M. & Dewing, J. (2014). Critical Ally and Critical Friend: stepping stones to facilitating practice development. *International Practice Development Journal*, 4 (1), 3-1 - 3-19.

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library:  
[research-pubs@uow.edu.au](mailto:research-pubs@uow.edu.au)

---

# Critical Ally and Critical Friend: stepping stones to facilitating practice development

## Abstract

**Background:** The Critical Ally and Critical Friend are two models in the early stages of developmental testing as part of a doctoral research programme. Together with the Critical Companionship model, they offer a theoretically coherent framework for developing expertise in the facilitation of learning about practice from within the workplace. The two new models are sequentially related models underpinned by key principles of practice development and critical social theory. Unlike Critical Companionship, the Critical Ally and Critical Friend models are aimed at novice and proficient practice developers respectively; we argue that, because of their design, they can offer stepping stones to Critical Companionship. Together, the three models offer a pathway for practice developers and practitioners to gain, in a systematic way over a longer timescale, a repertoire of facilitation skills and to build expertise. **Aims:** To describe the two new models and demonstrate their theoretical coherence with Critical Companionship. We also invite other practice developers and facilitators of workplace learning to debate the coherence of the two new models and the overall pathway, and to contribute to testing the models in a range of workplaces. **Implications for practice:** The two new models, when used in conjunction with the Critical Companionship model, offer a pathway for developing facilitation expertise within practice development. The models offer a broad based introduction to learning in and from practice, which could be useful for preceptors, mentors, clinical supervisors and facilitators at all levels from novice to proficient. As the three models offer a pathway, they could be useful as part of strategic workforce development, and learning and development planning. The models offer a potential new midrange theory that can contribute to developing practice development knowledge.

## Keywords

Critical Ally, Critical Companionship, Critical Friend, facilitation, practice development, workplace learning

## Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

## Publication Details

Hardiman, M. & Dewing, J. (2014). Critical Ally and Critical Friend: stepping stones to facilitating practice development. *International Practice Development Journal*, 4 (1), 3-1 - 3-19.

## International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)



### ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH PAPER

#### Critical Ally and Critical Friend: stepping stones to facilitating practice development

Michele Hardiman\* and Jan Dewing

\*Corresponding author: Galway Clinic, Doughiska, Galway, Ireland

Email: [mb.hardiman@yahoo.com](mailto:mb.hardiman@yahoo.com)

Submitted for publication: 26<sup>th</sup> January 2014

Accepted for publication: 31<sup>st</sup> March 2014

#### Abstract

**Background:** The Critical Ally and Critical Friend are two models in the early stages of developmental testing as part of a doctoral research programme. Together with the Critical Companionship model, they offer a theoretically coherent framework for developing expertise in the facilitation of learning about practice from within the workplace. The two new models are sequentially related models underpinned by key principles of practice development and critical social theory. Unlike Critical Companionship, the Critical Ally and Critical Friend models are aimed at novice and proficient practice developers respectively; we argue that, because of their design, they can offer stepping stones to Critical Companionship. Together, the three models offer a pathway for practice developers and practitioners to gain, in a systematic way over a longer timescale, a repertoire of facilitation skills and to build expertise.

**Aims:** To describe the two new models and demonstrate their theoretical coherence with Critical Companionship. We also invite other practice developers and facilitators of workplace learning to debate the coherence of the two new models and the overall pathway, and to contribute to testing the models in a range of workplaces.

**Implications for practice:**

- The two new models, when used in conjunction with the Critical Companionship model, offer a pathway for developing facilitation expertise within practice development
- The models offer a broad based introduction to learning in and from practice, which could be useful for preceptors, mentors, clinical supervisors and facilitators at all levels from novice to proficient
- As the three models offer a pathway, they could be useful as part of strategic workforce development, and learning and development planning
- The models offer a potential new midrange theory that can contribute to developing practice development knowledge

**Keywords:** Critical Ally, Critical Companionship, Critical Friend, facilitation, practice development, workplace learning

#### Introduction

For many professionals, delivering high quality healthcare represents an ever increasing challenge. They are required to respond rapidly to multiple and complex regulations and reforms, which are ever more numerous and frequent (Department of Health and Children, 2008; Health Information and Quality Authority, 2012; Joint Commission International, 2014). Further, with the growing role

of evidence based practice, much effort and resource is put into training and staff development to ensure compliance with these 'technical' drivers. Added to this, there is periodical re-emphasis on the core values of caring and related concepts such as compassion (NHS, 2012; Nursing and Midwifery Board of Ireland, 2013). More recently, although this is not new to practice development (Manley et al., 2008), the culture in healthcare organisations has emerged as a significant factor in outcomes for patients and service users (Francis, 2013). Manley et al. (2013, p 146), citing media reports of hospitals and healthcare, describe how toxic cultures may develop over time and can go unchallenged and unnoticed without focused interventions to enable people to reflect and flourish. Recent high-profile examples of systems failures, major complaints and poor performance can be seen as the consequences of poor governance, leadership and management, accompanied by shifting focus from patient experience onto prioritising service activity (Francis, 2013). There are even reports indicating that senior managers have a poor recognition and understanding of the care process (Francis, 2013; Health Information and Quality Authority, 2013).

Literature emerging from the practice development field is building momentum about the significance of facilitation to achieve culture change and to enable the introduction and uptake of evidence (Harvey et al., 2002; Brown and McCormack, 2011). Associated with this, a bank of evidence is emerging to support a focus on the development of person-centred cultures (for example, McCormack et al., 2013; McCance et al., 2013, p 3; Barbosa et al., 2014). Although leadership is key to growing effective workplace cultures, in the increasingly complex healthcare environment facilitators are also a part of the solution and one that often gets overlooked. Throughout the practice development literature the role of the skilled facilitator is highlighted as a key element in the success or failure of practice development initiatives (Titchen, 2000; Shaw et al., 2008, p 147; van Lieshout, 2013). Indeed, McCance et al. (2013) suggest that facilitation through practice development is necessary to the development of transformational person-centred cultures. Skilled practice developers therefore need to enable individuals with less expertise to grow and become facilitators – and to do this from within their places of work. In addition, McCance et al. (2013) suggest there is a need to focus on attitudes, behaviours and relationships and to engage in new ways of thinking about how facilitation can promote person-centredness. A specifically designed model would assist this process in a more structured way. As yet, rigorous testing of existing facilitation models through a practice development lens has been minimal and, understandably, new empirically derived models have been slow to emerge. Thus, as part of a PhD degree (by the first author) exploring how workplace learning is facilitated, an existing model of facilitation – Critical Companionship (Titchen, 2000) – has been critically reviewed. As a consequence of this review, two new models are being theoretically developed and subjected to testing in different care contexts.

The aims of this paper are:

1. To review critically the Critical Companionship model (Titchen, 2000) and establish the case for further refinement
2. To introduce and describe two new models of facilitation that can enable novice and intermediate/proficient practice developers to step into and grow their facilitation expertise over time
3. To enable other practice developers to enter into a critical debate about the two models and test their usefulness in practice development

## Method

The first part of the PhD research involved a rigorous critique of the Critical Companionship model. The method for this involved a number of inter-related activities:

- A literature review of Critical Companionship publications
- Critical reflection (first author) on a facilitative relationship as a novice practice developer
- Extracting learning from previous experience of facilitation roles and work in practice development (for example, McCormack et al., 2010)
- Dialogue with Titchen on Critical Companionship

- Dialogue with research supervisor and fellow students in a student international community of practice (SiCoP)
- Review of the wider literature on facilitation and 'playing' with concepts for the new models

The first part of the research confirmed that the Critical Companionship framework is a relevant model for use within some practice development work. However, because of its theoretical and practical complexity, it has a number of limitations. This means it needs to be introduced and applied in a skilled way by facilitators and practitioners with expertise. The research also highlighted the need for one or more related models to provide stepping stones up to or into Critical Companionship. From a hermeneutic process of going back and forth to the facilitation literature, the Critical Companionship literature, a critical review and personal experience, two models have been designed. By no means complete, they are introduced here and will be tested within a participative action research study.

### **Developing facilitation skills**

There is a significant body of literature on facilitation in the broader health and social care context, going back several decades (Muetzal, 1988; Johns and Butcher, 1993; Rycroft-Malone, 2004, p 136; Titchen et al., 2013). Theoretical ideas and models are plentiful. For example, the work of John Heron (1989) is drawn on extensively within practice development. Yet it seems practice development is still looking for models that have a better fit with its core values, principles and approaches, and that will enable impact to be, in some way, measured. More broadly, many issues for nursing and other healthcare professions have arisen from recent reports and inquiries focusing on clinical leadership in nursing as having greatest impact on patient outcomes (Department of Health and Children, 2010; Francis, 2013). Advances in treatments and therapies, alongside changes to roles and accountability mean that all healthcare professions need to review regularly the way they organise and deliver care. Despite the advances in technology, there is a drive to refocus on the fundamentals of care (Martinsen, 2006, p 123; McCormack and McCance, 2010; Dewing and Lynes O'Meara, 2013; Francis, 2013) and on improved, measurable outcomes for patients. However, knowledge in itself will not create change and helping people to gain a greater understanding of themselves and others in relation to their use of knowledge is critical to success (Fay, 1987, p 28; Harvey et al., 2002; Dewing, 2008).

Facilitation in practice development is defined in various ways. In one early definition it is described as a process of enabling individuals and groups to understand their behaviours and the processes involved in changing aspects of those behaviours (Rycroft-Malone, 2004, p 136). It has also been said to be about knowing when and how to intervene in a group, (Clarke and Wilson, 2008, p 254) and about helping practitioners to break down situations of concern and find solutions to problems (Titchen et al., 2013, p 109). However, not all the relevant literature focuses on facilitation. For example, McCormack and McCance (2010, p 128) describe the context for person-centred practice as an environment containing three elements: culture, leadership and evaluation. Also, some of Manley's work on workplace culture focuses more on leadership than on facilitation. Shaw et al. (2008, p 147) developed a model of enabling facilitation, based on the work of Mayeroff (1971) and Swanson (1993), whereby facilitation is seen as a helping relationship, essentially one of enabling others – and consequently oneself – to achieve, through transitions, growth/development and ultimately self-actualisation (Mayeroff, 1971) – that is, to flourish (McCormack and Titchen, 2006). Shaw et al. (2008, p 156) conclude that facilitation in practice development:

- i Needs to be shaped around the concept of person-centredness as an enabling factor, process and outcome
- ii Needs to be built on a set of knowledge and skills about facilitation
- iii Can only be fully accumulated and synthesised by a continuous commitment to facilitation concerned with the emancipation and transformations of self and others in the workplace

Dewing (2010), referring to active learning, describes the process of facilitation in practice development as primarily being related to learning in and from practice. Dewing argues that in active learning,

helping others to unlearn the rituals of practice and discover new ways of learning through practice development is vital. However, the application and sharing of new learning in the workplace is equally vital, and involves:

- A practical doing element within a practice context
- Encouraging and supporting others to learn
- Helping others to understand how they have learned and how to continue learning

Essentially, the skilled practice development facilitator becomes the developer of other less experienced facilitators using multiple learning methods and processes. Becoming an experienced facilitator takes time; it entails repeated exposure to different types of learning so that the required knowledge and skillset can develop. During this time, we suggest there are a number of critical moments of enlightenment (Reason and Torbert, 2001; Dewing, 2008, p 292) that facilitators and practitioners may need to experience in order to become more effective. Facilitators need to embrace the long term challenge of developing intrapersonal and interpersonal attributes, and ways to apply these in the workplace against the complex backdrop of care delivery and service activity. Practice development principles enable healthcare professionals to grow out of stagnant ways of relating and to 'grow into' more facilitative workplace relationships (McCormack and Titchen, 2006). McCormack et al., (2010) discuss the emancipatory effect of practice development, which involves developing enlightenment as a precursor to empowerment and emancipation.

Facilitation is critical to the purposes of practice development, not least because it helps practitioners navigate the complexity of self-awareness and contextual understanding needed to achieve the change of mindset that brings a change in practice (Titchen et al., 2013, p 109). Rycroft-Malone (2004, p 139) suggests that facilitators in practice development require a toolkit of skills that complement the prerequisites of well developed interpersonal and communication abilities. A technical, skills based approach may initially be necessary when 'doing' facilitation to others. However, we argue for a progression from doing facilitation 'with' others to becoming a more experienced facilitator. Therefore, given that facilitation of learning in general has a critical underpinning, facilitation models for practice development need to be founded on principles from practice development and from critical social theory.

The Critical Ally and Critical Friend frameworks are two sequentially related facilitation models, complementary to Critical Companionship, and underpinned by three of the key principles of practice development (McCormack et al., 2013, pp 5-6):

- Practice development integrates workbased learning with a focus on active learning in the workplace as one of the means to transform care (Principle 3)
- Practice development uses key methods and methodologies (Principle 7)
- Practice development highlights a set of processes including skilled facilitation that can be translated into a specific skillset required as near to the interface of care as possible (Principle 8)

Before introducing the two models, it is necessary to present a brief critique of the Critical Companionship model, as this was the primary source of inspiration for the research.

### **Critical Companionship**

Within practice development, the Critical Companionship framework (Titchen, 2000) has remained, at least in the literature, a popular model. It is described as a helping relationship where an experienced practitioner helps a less experienced practitioner to learn and understand the nature of their craft knowledge (practice expertise) and prepares them to become a facilitator of others (Titchen, 2001, p 80). Therefore, the model is focused on two broad areas of learning within work: acquiring and demonstrating craft knowledge, and becoming a facilitator. Craft knowledge in this context is said to be the tacit knowledge developed through experience; it is often difficult to recognise and convey to others without deeper reflection (Titchen, 2000, p 159).



The Critical Companionship framework has four core domains (Titchen, 2000, p 113):

1. *Relationship Domain* with four elements: mutuality; reciprocity; particularity; graceful care
2. *Rational-Intuitive Domain* with three elements: intentionality; saliency; temporality
3. *Facilitation Domain* with four elements: consciousness-raising; problematisation; self-reflection; critique
4. *Facilitative Use of Self Domain* provides an overarching element involving the human aspects of knowing, being, doing and feeling

In Critical Companionship, 'domain' denotes a collection of different kinds of knowledge that have conceptual connections (Titchen, 2001, p 81). In the developing models, domains are also used, but the process concepts have been adjusted for use by novice practice developers with novice practitioners who may not necessarily expressly 'want' to be helped through facilitation. Practitioners may not want to be helped simply because they have no overt concerns about their practice. Also, a lack of familiarity with critical review and practice development methods may make practitioners defensive and apparently unreceptive to new initiatives. The domains are also supported by specific strategies for learning and communication to enable craft knowledge to become accessible to sharing and dialogue (Titchen, 2001, p 84).

The Critical Companionship framework was published some 14 years ago, with the associated empirical testing occurring much earlier between 1989 and 1992 as part of a PhD research study (Titchen, 2000, p 70). At the time of its development, the model offered a theoretically derived and highly structured framework for workbased learning. However, its uptake has been disappointing. The reasons for this may include the slow uptake of evidence based models in general and a lack of recognition of the potential of skilled facilitation to help create effective cultures amid the continual changes and pressures of nursing and healthcare over the past 10 years. It is also clear from critiques of the framework in the literature that the complexity of the model, including some of its terminology and the length of time needed to develop participants in Critical Companionship, has led to its being perceived as impractical in many practice settings (Dewing and Wright, 2003; Dewing, 2004; Gribben and Cochrane, 2006; Greggans and Conlon, 2009). Titchen acknowledges that Critical Companionship contains concepts and associated language that can be challenging to grasp (Titchen, 2000, p 168).

We fully acknowledge that the Critical Companionship model has many strengths and has been reported as being beneficial (Dewing and Wright, 2003; Gribben and Cochrane, 2006; Brown and Harrison, 2009, p 108; Greggans and Conlon, 2009). Indeed, one of its major strengths is its detailed grasp of the intricacies of a facilitative relationship, offering robust analysis of the cause and effect of actions by the critical companion and the practitioner (Manley and Garbett, 2000; Dewing and Wright, 2003; Brown and Harrison, 2009). There are, though, limitations to the model that highlight the need for further exploration to understand how practice development can get facilitators and practitioners ready even to begin working with Critical Companionship. The most significant use of Critical Companionship in a practice development programme outside the original study (Titchen, 2000) is described by Dewing and Wright, (2003), who applied the framework to demonstrate how practice development and workbased learning methods help practitioners to change their workplace culture. However, it is notable that this process was a lengthy one, leading the authors to conclude that the development of novice critical companions as part of a practice development programme is likely to take several years (Wright and Titchen, 2003). Titchen herself expresses concerns about the framework being used uncritically or in a watered down version, and recommends further testing and validation through practice based research. (Titchen, 2000, p 168).

Practice development needs models of facilitation that accommodate growth and development, and include different levels of complexity and sophistication. However, it is likely that, in many healthcare contexts, both facilitator and practitioner will be novices. Therefore, an effective facilitation model needs to provide 'stepping stones' to enable less advanced facilitators to begin a facilitative relationship

with less experienced colleagues. The Critical Ally and Critical Friend models (see Figures 1 and 2) provide such stepping stones and enable progression. Building in a graduated continuum towards Critical Companionship will, we argue, enable the facilitator and the practitioners to progress from novice to expert, as described by Benner (2001, p 21).

### **The Critical Ally: towards enlightenment**

The aim of the Critical Ally relationship is to enable a novice practitioner to learn in and from practice in their workplace and, at the same time, help a novice facilitator to become more skilled in facilitation. The model has a similar overall intent to Critical Companionship but there are key differences in the level of complexity within each of the elements. Drawing on the principles of the practice development conceptual framework developed by Garbett and McCormack (2002), the Critical Ally represents the start of the journey toward expertise in facilitation (Critical Companionship). Crucially, this model pays attention to the development and facilitation of professional relationships, with the goal of enlightenment – an enlightenment that is personal as well as cultural and contextual. Thus the Critical Ally ‘holds’ the practitioner and hosts a holistically safe space for the practitioner to enter into an ongoing trusting and supportive relationship for the purpose of workbased learning.

### ***Why an ally?***

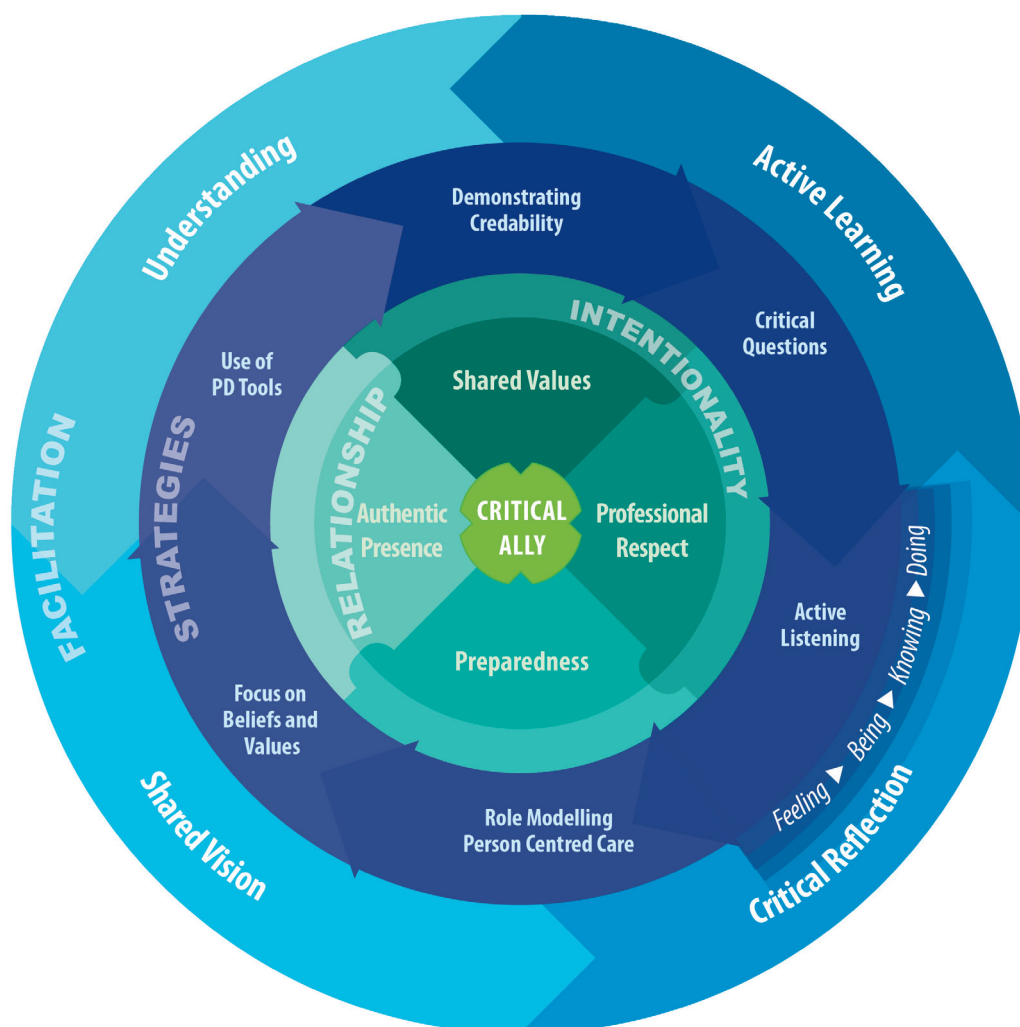
An ally is defined as a partner who enters a relationship by treaty or friendship (Collins, 1991). An ally immediately suggests a supportive relationship and a process of agreement. Benner, (2001, p 20) describes a novice or beginner as a person who has no experience of the situations in which they are expected to perform. In addition, many novice practitioners have a poor understanding of the values inherent in their own practice or the impact of those values on persons in their care. The establishment of trust is a key foundation of new relationships (Newman et al., 2009). The intensive relationship suggested in the Critical Companion model is probably too intimate and intrusive at this stage to be suitable for the novice practice developer and novice practitioner. The Critical Ally relationship can be considered less intrusive and so may seem more accessible to the novice practice developer and practitioner as they develop their understanding of the facilitation relationship. Each may then advance to the Critical Friend relationship with greater confidence and experiential knowledge of what to expect from such a relationship. The Critical Ally includes and adapts the broad principles of Critical Companionship (Titchen, 2000), maintaining the core domains of Relationship, Rational-Intuitive, and Facilitation and Facilitative Use of Self.

The Critical Ally model is read from the inside out, starting with the elements essential to beginning the relationship, followed by use of strategies and intuitive elements that will evolve into the facilitative relationship (Figure 1).



### Figure 1: The Critical Ally model

A supportive relationship underpinned by developing a shared vision and likely to be useful at the start of practice development for a novice practice developer and/or facilitator.



#### Domain 1: Relationship

In the workplace, relationships already exist; people have a pre-existing pattern or schema, with expectations of each other. To change those relationships can be challenging and lead to forms of defensiveness more widely in the team. The Critical Ally model offers a way to introduce gently some of the concepts of Critical Companionship while remaining sensitive to the newness of a facilitation relationship. The Critical Ally relationship domain has four core processes:

1. Professional respect
2. Shared values
3. Authentic presence
4. Willingness to participate/preparedness

#### *Professional respect*

Professional respect is the starting point of all professional relationships, whether they are hierarchical or equal. It is vital in order for each participant to see the other's viewpoint as valid. Fay (1996, p 40), suggests that, as individuals, we need to take part in a process to acquire new skills that involves learning the expected norms and code of conduct of behaviour within a system of ongoing relationships. Respect comes from agreement of these expected norms and is a product of our esteem for those

whose behaviour we admire. The practice developer and the practitioner will begin the relationship by constructing verbal statements to share with the other. For example, 'I really respect you and the work you are doing here with these people' or 'I respect you and I would like you to respect me'. This sets the space and begins to establish the core conditions for learning to start.

#### *Shared values*

McCormack and McCance (2010, p 54) state that clarity of beliefs and values is a prerequisite for practitioners to work in the care environment. Teasing out values and beliefs about care may take some time. In the Critical Ally relationship, a generalised curiosity, such as a desire to change and improve or to become person-centred, may be sufficient to start a relationship, or something more specific in day to day work may act as a catalyst.

#### *Authentic presence*

Shaw et al. (2008, p 160) contend that demonstrating realness or authenticity is central to enabling others to develop and a prerequisite of practice development. In addition, the importance of working authentically is a two way process between trust and mutual respect. Practice development facilitators being authentically present while engaging with others enables the creation of a holistically safe space to share values and visions (McCormack and McCance, 2010, p 14). Remaining open and honest about the challenges of practice and of facilitation on both sides helps the practice developer to be accepted in their role as a facilitator. For example saying 'I would find it challenging to do your work. And like you, I'm passionate about patient experience. Can I share a short story about...' provides an opportunity to share learning and establish common ground.

#### *Willingness to participate /preparedness*

Titchen (2000) describes temporality or timeliness as an intuitive element within the Critical Companionship relationship. We suggest that, in the Critical Ally relationship, preparedness needs to be more clearly identified, open and explicit. McCormack and Titchen (2006) indicate that in the three dominant models of participative research, participation depends on personal commitment, which can be at a range of levels. Shaw et al. (2008, p 155) conclude that preparedness is related to actions and processes that require experiential involvement. Being prepared and timely in the facilitative relationship is critical: choosing the time and place, and having a plan, intent and a learning goal will improve the outcome. Similarly, temporality or timeliness suggests advanced awareness of subjective thoughts, knowing when to say and do and when not to. Consider, for example, the difference between 'Mary, I'm free after lunch so can you come and see me so we can talk about Mrs White's care' and 'Mary, would it suit you for us to meet when lunch is over? Can we talk about how you feel you are getting on with Mrs White's care?'

### **Domain 2: Rational-Intuitive**

Titchen describes this domain in terms of knowing and using it as a set of practical tools to help the facilitator realise the Relationship domain (Titchen, 2001, p 81). In Critical Companionship, this domain has three elements: intentionality, saliency and temporality. Intentionality includes both rational and intuitive decision-making – making conscious and unconscious decisions to act. Saliency, or knowing what matters at any one time, links with the rational intentional act. Titchen (2000) links this with the development of competency and analytical thinking of an advanced practitioner. Similarly, Titchen (2000) includes temporality as intuitive, whereas the Critical Ally model includes preparedness as a purposeful action within the Relationship domain, as described earlier. Therefore, the Critical Ally uses just one of the three elements of the Rational-Intuitive domain – intentionality, which includes both rational and intuitive decision-making, that is, making conscious and unconscious decisions to act and be purposeful in intent. Titchen's Critical Companionship model (2000, p 157) links the Rational-Intuitive and Relationship domains, the former being a prerequisite that must be used and developed by the critical companion. Similarly, intentionality is also a prerequisite of a Critical Ally.

### **Strategies for the Critical Ally model**

The use of evidence based, appropriate strategies is an important element of implementation of the Critical Ally model of facilitation. Titchen (2001) includes strategies within her Critical Companionship model, which, on examination, are coherent and fit well within the context of the advanced facilitation relationship. However, based on the principle of graduated development of the relationship, we argue that strategies must also be graduated, beginning with the Critical Ally model. Sanders et al. (2013, p 20) state that to be effective in practice development, a facilitator needs to use approaches that enable healthcare professionals to develop an awareness of the realities within practice and the ability to identify differences between what they think is happening in their practice environment and what is actually happening. We would add to this that healthcare professionals also need a deep awareness of patient and service user experiences.

Early field work in testing the Critical Ally framework and active use of the framework within a practice development facilitative relationship reveal the importance of having clear and feasible practice development strategies as a focus within the facilitation relationship. The novice facilitator needs to use a number of complementary strategies to give the practitioner a path to becoming more effective. Use of the strategies should result in the facilitation of an enhanced or expanded understanding, as described in the Facilitation domain below.

#### ***Strategies for the Critical Ally***

- Demonstrating credibility
- Focus on beliefs and values
- Active listening
- Critical questioning
- Use of practice development tools
- Role-modeling person-centered practice

#### ***Demonstrating credibility***

Manley et al. (2008, p 393) and Sanders et al. (2013, p 21) acknowledge that transformational leaders share many attributes with skilled facilitators. One such attribute is credibility (Kouzes and Pozner, 2007; 2012). As transformational leadership and facilitation are cyclical or spiraling processes (Titchen and Manley, 2006), the leader, or in this case the facilitator, must have knowledge and an understanding of the person(s) and the context(s) they are working with. To have credibility, the leader/facilitator must be honest, forward looking, inspiring and competent (Kouzes and Pozner, 2007; 2012). Such credibility is a key attribute required by a Critical Ally.

#### ***Focus on beliefs and values***

Throughout the practice development literature, clarification of values and beliefs, and determining how closely they are aligned with practice, is often seen as a starting point for engagement (McCormack and McCance, 2010, p 145). McCormack and McCance (2010) and Dewing et al., (2014, in press) describe a variety of methods and processes, such as the Values Clarification exercise (McCormack et al., 2010); Workplace Culture Critical Analysis (McCormack, et. al., 2009) and the use of reflective dialogues and patient stories to help facilitators and practitioners to tease out values and beliefs and decide on what is important.

#### ***Active listening***

Titchen et al. (2013, p 110) describe the need for facilitators to develop and fine-tune their self-knowledge and awareness. They suggest that the first skill required is active listening, which helps to establish where the practitioner is on the practice development journey and to understand the other's perspectives on context and culture of care (Dewing, 2010).

### *Critical questioning*

A core strategy of the Critical Ally is to ask critical questions in the workplace about practice, and explore with the participant how or why things happen the way they do (Sanders et al., 2013, p 37). Titchen (2000, p 118) includes observing, listening and questioning among the strategies for Critical Companionship, saying they enable the practitioners to deepen, refine and test craft knowledge (Titchen, 2001, p 84). Asking critical questions will also start to reveal the micro and the macro context effecting the delivery of care, which is essential if the facilitator wishes to achieve positive outcomes for the practitioner and the person receiving care. By using critical questions aimed at reaching greater and shared understanding, the practice developer and the practitioner will begin to unearth hidden assumptions and knowledge that can then be the subject of dialogue.

### *Use of practice development tools*

The use of tools devised within or adapted for use in practice development is often a more comfortable starting point than trying to understand how to apply the broader principles of practice development. The Critical Ally can introduce a portfolio of tools to support the novice practitioner in identifying problems and puzzles about their practice, workplace and culture. In addition, this offers a structure and focus for dialogue and activity.

### *Role-modeling person-centred practice*

Titchen (2000) used role-modeling as a key strategy in Critical Companionship. It is also a key strategy in person-centred leadership (Loveday, 2013, p 65). Loveday (2013, p 66) suggests that leaders send a strong message to others by role-modeling behaviours that they wish to encourage. Sanders et al., (2013, p 36) propose that it also improves the credibility and authenticity of the facilitator; they describe authenticity as 'living and being true to the values that one espouses and embedded in who we are and what we believe in'.

## **Domain 3: Facilitation**

Titchen (2001) describes the 'Facilitative Use of Self' domain in Critical Companionship as the overarching domain that configures the Relationship, Rational-Intuitive and Facilitation domains, and is imbued by the actions of being human: feeling, being, knowing and doing.

These aspects represent the core of person-centred actions and processes, and are therefore essential to the underlying principle of person-centred facilitation. The aim of the Critical Ally is to enable others to learn from their practice through facilitation. Using the Critical Ally model, practice developers will start to develop a new and possibly more purposeful learning oriented relationship with colleagues as co-learners. Using the suggested intentional actions and learning strategies described above, the four facilitation processes will evolve.

### ***The four facilitation processes for the Critical Ally are:***

- Achieving mutual understanding
- Critical reflection
- Sharing visions
- Active learning

### *Understanding*

A key component of critical social science is enabling others to have a different understanding of themselves (Fay, 1987, p 28). The philosopher Habermas contends that this can only be achieved through 'undistorted communication' with a view to understanding (Rodderick, 1986, p 86). The strategies used within the Critical Ally relationship will enable moments of insight – 'light bulb moments' – to occur and help the co-learner to move toward a deeper understanding of what needs to change.

### *Critical reflection*

Johns (1995) defines reflection as the ability of a practitioner to access and make sense of a work experience with the aim of achieving a more desirable outcome. We suggest that reflection is not widely applied in nursing practice because it remains largely unsupported in the workplace, perceived by some as an academic activity taught to students and unrelated to everyday practice. However, critical reflection is an expected condition of learning in practice development and is therefore appropriate for a novice facilitator. Using the Critical Ally strategies, the practice developer and co-learner will start to develop informal and formal reflective processes, which will help with enlightenment.

### *Shared vision*

Shared vision is a core component of any work that requires people to achieve a shared outcome. Clarifying a common goal and inspiring a shared vision provides focus and direction for the work (Solman and Fitzgerald, 2008, p 260). This may be building on work already started as part of the Critical Ally relationship. Working toward a shared vision for the facilitator and the co-learner will be underpinned by the overarching goal of person-centred practice.

### *Active learning*

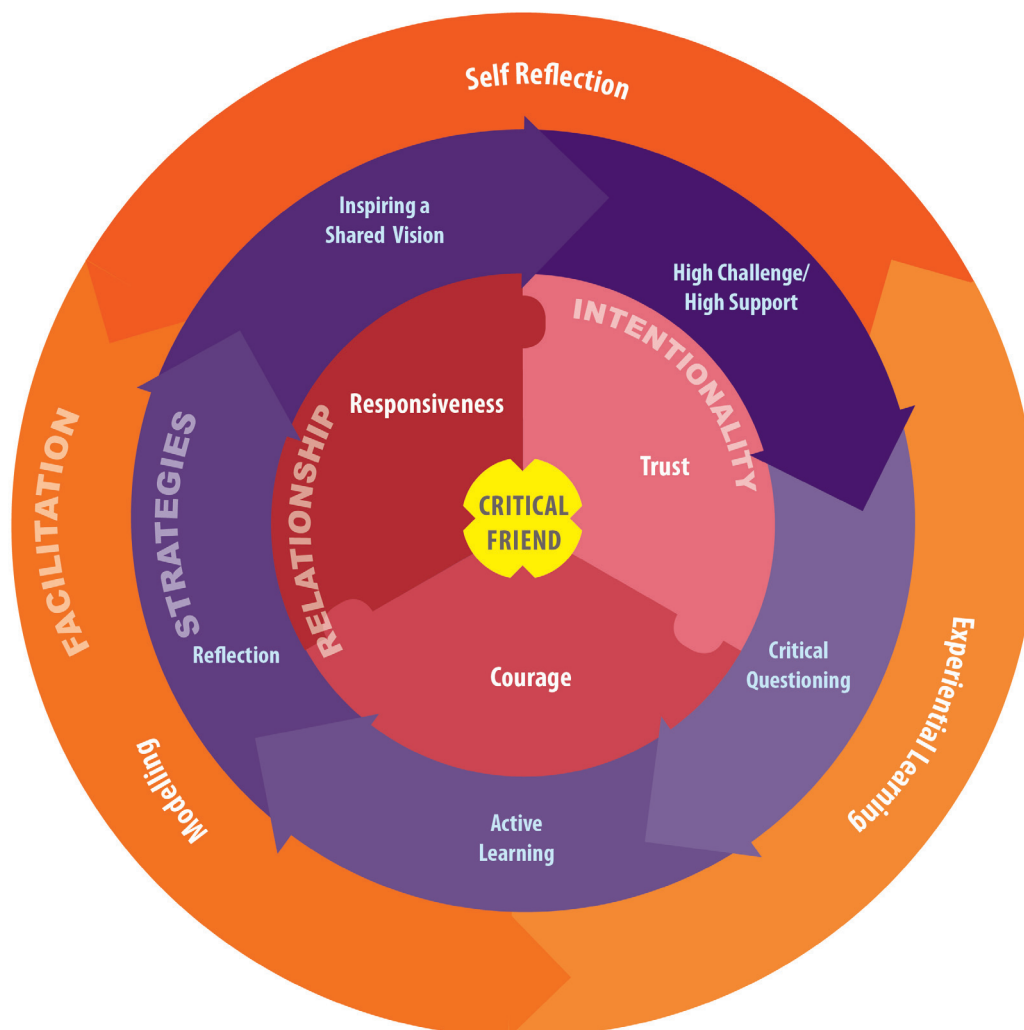
Dewing (2008, p 273; 2009) proposes that one of the central tenets of practice development is systematic active learning. Active learning integrates many learning methods but focuses on learning within the workplace involving engagement with all the senses and bringing practitioners a greater understanding of what it feels like to 'be there'. Dewing (2008) suggests that active learning can build up over time with increasing complexity as understanding is achieved. This may be the first introduction by the Critical Ally of helping the practitioner towards self-analysis and an awareness of others. The Critical Ally serves as a useful model in the developing facilitative relationship but this is only the start of the facilitated learning journey in the workplace.

### **The Critical Friend: becoming empowered**

The professional practice learning journey can progress to the point where the facilitator becomes a Critical Friend. The Critical Friend relationship progresses from the Critical Ally but has not yet developed fully to companionship status. In relation to Benner's (2001) stages of development from novice to expert, the Critical Friend model is positioned at the 'proficient' range. Benner (2001, p 27) describes proficiency as when the practitioner is seeing whole situations rather than individual aspects of a situation. The word 'friend' is used as it signifies the practitioner is prepared for facilitative relationships or has already experienced a relationship of this nature. The term 'Critical Friendship' has emerged in the literature largely within teacher education, following development of the Critical Friendship model (Costa and Kallick, 1993). Indeed, some similarities exist between the concept of 'a trusted person who asks provocative questions' described by Costa and Kallick (1993) and the intended use here in a practice development facilitative relationship. However, the education model largely imports critical friends to offer an external lens rather than to develop a relationship within the workplace (Özek et al., 2010), as is intended here. The term Critical Friend in this context is related to Titchen's early influence by Campbell and his description of relationship elements within professional care or friendship (Campbell, 1984, p 82). Incidentally, Titchen (2000) considered (and then rejected) the term 'friend' for her Critical Companionship model. As the relationship containing mutuality requires commitment, Titchen thought the term 'companion' best described such a relationship. The Critical Friend model largely follows the four core domains of facilitation as described by Titchen (2000).

**Figure 2: The Critical Friend model**

The next stage of the facilitative relationship, where the practitioner has developed an enlightened and reflective consciousness of their practice and expressed a desire or intention to further develop their own facilitation skills.



### Domain 1: Relationship

The Critical Friend maintains the four core processes already set out above in Critical Ally (professional respect, shared values, authentic presence and willingness to participate). Developing from those are three additional elements within the Relationship domain, which enable progression and increased sophistication: trust, responsiveness and courageousness.

#### *Trust*

Freedom in discourse only emerges when the relationship is based on open, democratic dialogue and both parties feel they are in a safe environment (Hoogwerf et al., 2008, p 50). Trust can only be established when the relationship has moved from its early stages to where the Critical Friend and the practitioner have established conditions such as share values and goals.

#### *Responsiveness*

Titchen, (2004, p 158), describes the need for the Critical Companion to develop 'mutual, collaborative, educative and empowering exchanges of feelings, thoughts, knowledge, interpretation and actions'. In the Critical Friend relationship, supportive response and critical dialogue achieved through a high challenge/ high support strategy may bring the co-learner to the desired higher level of thought and self-reflection.



### *Courageousness*

To achieve changes in oneself and in others requires courage, as people do not always live up to what they espouse (Health Service Executive, 2006, p 20; Manley, 2004). Opposition to unlearning rituals and new learning from managers or peers can be strong, as described by Brown and McCormack (2006) and McCormack et al. (2010, p 90). The Critical Friend and the practitioner/co-learner need to work with real situations and experiences, and be resolute in the face of the inevitable challenges.

### **Domains 2 and 3: Rational-Intuitive and Facilitative Use of Self**

As described in the Critical Ally model, intentionality remains a vital strategy. Greater understanding will emerge and lead to better intuitive knowledge of what is important and timely (saliency and temporality: Titchen, 2000, p 157). In the Critical Friend relationship, deeper understanding continues to develop as the practitioner moves to an enlightened view imbued by the actions of being human: feeling, being, knowing and doing.

### *Strategies*

The strategies used within the two models are graduated toward building a deeper, more intensive relationship. The strategies within the Critical Friend model are coherent with and continue from the Critical Ally. However, the facilitator has greater knowledge of the strategies and has gained confidence in their everyday use.

### *Active learning*

Dewing (2008, p 273) proposes that one of the central tenants of practice development is active learning. She describes a specific model for active learning – one that pulls together and blends all learning methods and involves learning with all our senses as well as critical dialogue about what it ‘feels like to be here’ and ‘desired feelings’. This strategy is particularly relevant within the workplace, introducing and building on learning with straightforward, low threat activities (Dewing, 2008, p 274).

### *Inspiring a shared vision*

In this model, the Critical Friend supports the practitioner to work with multiple values and beliefs, and with a range of visions. They also help the practitioner to realise the contribution of a team having a shared vision. Manley et al. (2008, p 51), stress the importance of developing an encompassing view of the desired outcome, including values and beliefs that are important to those involved. Developing a shared vision is a key strategy used within practice development (Solman and Fitzgerald, 2008, p 262). Sharing a vision is very different from having one’s own vision; a vision that is not melded with others’ is nothing more than an opinion on what should happen (Kouzes and Pozner, 2007, p 104).

### *Reflection on practice*

Already introduced in the Critical Ally relationship, critical reflection continues and intensifies as the relationship develops further, so the practitioner is more open to deeper, more meaningful reflection. The Critical Friend will introduce new models and more creative ways of engaging in reflection.

### *High challenge/high support*

High challenge/high support is a strategy used in practice development designed to raise awareness among individual practitioners and groups of what is going on in their care environment, without their feeling threatened (Clarke and Wilson, 2008, p 110). It is therefore not surprising that it features as a key strategy in Critical Companionship (Titchen, 2000, p 138). In the Critical Friend model it promotes practitioners’ skills in appreciating a balance between challenging interventions and supportive interventions.

### **Domain 4: Facilitation**

As the relationship matures and learning is facilitated, the Critical Friend and the practitioner will see learning emerging in and from practice. Within the Critical Friend model, the facilitator and

practitioner grow to know themselves and each other better. Through careful and purposeful actions of the facilitator, the following elements of facilitation may emerge: self-reflection, experiential learning and modelling.

#### *Self-reflection*

Self-reflection differs from reflective practice in that it focuses on 'self' and the values and beliefs the practitioner espouses. Freshwater (2007, p 16) describes how practitioners are actively engaged in examining themselves and themselves in relation to others.

#### *Experiential learning*

Manley et al., (2009) describe experiential learning to encompass the outcomes from adult learning, and knowledge construction gained through supportive reflection in the workplace. Binnie and Titchen (1999, p 219) developed strategies to facilitate experiential learning in practice that enabled a cultural shift from 'getting the work done' to 'learning at work'. Experiential learning is included in this domain of the Critical Friend model to bring greater depths of understanding about self, other and work.

#### *Modeling*

We include modeling in this domain as a core facilitative action; here the Critical Friend still must intentionally model the most salient and timely strategies, while supporting and challenging the practitioner to model strategies in their day to day work for others to follow. Kouzes and Pozner (2007) suggest modeling as a critical component of leadership, specifically to include clarifying values and affirming shared ideals.

#### **Implications for practice development**

The three models form a coherent framework, which, when used systematically, may offer a long term pathway to enable facilitators and practitioners to work towards a range of knowledge and skills relevant to being more person-centred and effective healthcare professionals. As a whole, a framework consisting of all three models provides a coherent, wider, more accessible structure for the development of practice based knowledge and facilitation skills. Further, this framework leads practitioners and facilitators towards the critical or political intent where a person or a group begins to question radically the sense and meaning of the context and to construct a wider alternative context. Equated with Bateson's level III learning (Bateson, 1972, p 305), this intent is a necessary principle of practice development and critical social theory.

The Critical Ally offers the starting point for new facilitative relationships within the workplace. Like the Critical Companion, it may also be used to facilitate shared learning from a more experienced practitioner. As the facilitative relationship and learning needs develop, the Relationship and facilitative domains can evolve into a Critical Friendship and, over the longer term, into Critical Companionship. In this context, it should be noted that friendship should not be confused with or interpreted as a social friendship.

Development of the Critical Ally and Critical Friend models to date has mostly been theoretical. We suggest that these two models, with some testing, could be an example of an emerging 'midrange theory' and one that could contribute to enhancing practice development knowledge. The term 'midrange theory' in this case means the models each offer an explanation about the facilitation of learning in the workplace and learning to become a facilitator but do not seek to offer prediction or claim any certainty about the models' concepts and their relationship to each other. Instead, they offer a conceptual framework that situates various key attributes or the constituent parts that combine and interact into a pattern. The pattern is one that practitioners and facilitators learn to recognise and make sense of. This can then be used to make sense of both norms and exceptions from the pattern as a result of real experiences.

The importance of the facilitator in practice is clearly articulated in practice development Principle 8, which states that the development of a facilitation skillset needs to take place as near to the interface of care as possible (McCormack et al., 2013, p 6). At this point it is too soon to see if these models will achieve this principle, or indeed what the long term contribution of the two newer models to practice development might be. However, the two models do have their origins in practice development and focus on the growth of the practitioner and the practice developer from novice status to proficiency in both workplace learning and facilitation. If the practice development community is to become more accessible and mainstream, enabling practitioners to critique and transform their practice, we must continue to look for models and methods to make the transitions easier. We acknowledge that for some and in some contexts, the relationship may never move beyond the Critical Ally stage; we suggest, however, that starting a facilitative relationship will, in itself, enable shifting of the focus of practice toward person-centredness (McCormack et al., 2013).

Initial field testing, through participatory action research, is taking place to establish the validity of the two models in practice. However, there needs to be a critical debate in the international practice development community and further field testing to contribute to establishing theoretical rigour and usability across a range of practice developers and contexts. With this in mind – and drawing on Guba's (1981) notion of credibility (in preference to internal validity) and transferability (in preference to external validity/generalisability) – we offer the critical questions below, and would welcome hearing about others.

- Does each model feel meaningful?
- Does the relationship between the two models seem coherent?
- Do the models seem usable in a number of different facilitation situations in the workplace?

## Conclusion

In conclusion, the Critical Ally and Critical Friend models are aimed at novice and proficient practice developers and practitioners, to facilitate learning in the workplace and to learn about becoming a more effective facilitator. In the two models, the domains with their strategies offer a less complex, and more accessible route into skilled facilitation, which could be applicable for use in many healthcare environments. Together with Critical Companionship, the three models offer a framework for practice developers and practitioners to gain, in a systematic way, facilitation skills that can, over time, contribute to the development of person-centred relationships and a more effective workplace learning culture.

## References

- Barbosa, A., Sousa, L. and Figueiredo, D. (2014) Effects of person-centered care approaches to dementia care on staff: a systematic review. *American Journal of Alzheimer's Disease and Other Dementias*. Published online January 2014 Doi. 10.1177/1533317513520213 (Last accessed 22<sup>nd</sup> January 2014).
- Bateson, G. (1972) *Steps to an Ecology of Mind*. New York: Ballantine Books.
- Benner, P. (2001) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. New Jersey: Pearson.
- Binnie, A. and Titchen, A. (1999) *Freedom to Practice. The Development of Patient Centred Nursing*. Oxford: Butterworth-Heinemann.
- Brown, A. and Harrison, K. (2009) Working with critical companionship. Chp 5 in Hardy, S., Titchen, A., McCormack, B. and Manley, K. (Eds.) (2009) *Revealing Nursing Expertise through Practitioner Inquiry*. Oxford: Wiley-Blackwell. pp 93-109.
- Brown, D. and McCormack, B. (2006) Determining factors that have an impact upon effective evidence-based pain management with older people, following colorectal surgery: an ethnographic study. *Journal of Clinical Nursing*. Vol. 15. No. 10. pp 1287–1298.
- Brown, D. and McCormack, B. (2011) Developing the practice context to enable more effective pain management with older people: an action research study. *Implementation Science*. Vol. 6. No. 9. pp 1-14.

- Campbell, A. (1984) *Moderated Love*. London: SPCK.
- Clarke, C. and Wilson, V. (2008) Learning - the heart of practice development. Chp 6 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell Publishing. pp 105-125.
- Collins (1991) *Shorter Dictionary and Thesaurus*. London: HarperCollins
- Costa, A. and Kallick, B. (1993) Through the lens of a critical friend. *Educational Leadership*. Vol. 51. Vol. 2. pp 49-49.
- Department of Health (2012) *Compassion in Practice, Nursing Midwifery and Care Staff, Our Vision and Strategy*. Retrieved from: [www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf](http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf) (Last accessed 20<sup>th</sup> January 2014).
- Dewing, J. and Wright, J. (2003) A practice development project for nurses working with older people. *Practice Development in Health Care*. Vol. 2. Vol. 1. pp 13-28.
- Dewing, J. (2004) Concerns relating to the application of frameworks to promote person-centredness in nursing with older people. *Journal of Clinical Nursing*. Vol. 13. Vol. s1. pp 39-44.
- Dewing, J. (2008) Becoming and being active learners and creating active learning workplaces: the value of active learning in practice development. Chp 14 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp. 273-294.
- Dewing, J. (2009) Caring for people with dementia: noise and light: Sensory stimulation can have a significant effect on the wellbeing of people with dementia. *Nursing Older People*. Vol. 21. No. 5. pp 34-38.
- Dewing, J. (2010) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 87-100.
- Dewing, J. and Lynes O'Meara, B. (2013) Introducing intentional rounding: a pilot project. *Nursing Standard*. Vol. 28. No. 6. pp 37-44.
- Dewing, J., McCormack, B. and Titchen, A. (2014) *Practice Development Workbook: Resources for Health and Social Care Teams*. London: Wiley-Blackwell.
- Fay, B. (1987) *Critical Social Science: Liberation and its Limits*. New York: Cornell University Press.
- Fay, B. (1996) *Contemporary Philosophy of Social Science: a Multicultural Approach*. Oxford: Blackwell.
- Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*. London: The Stationery Office. Retrieved from: [www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf](http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf) (Last accessed 23<sup>rd</sup> February 2014)
- Freshwater, D. (2007) Reflective practice and clinical supervision: two sides of the same coin? In Bishop, V. (Ed.) (2007) *Clinical supervision in Practice*. (2<sup>nd</sup> edition). Basingstoke, UK: Palgrave. pp 14-21.
- Garbett, R. and McCormack, B. (2002) The qualities and skills of practice developers. *Nursing Standard*. Vol. 16. No. 50. pp 33-36.
- Government of Ireland, Department of Health and Children (2008) *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance*. Dublin: The Stationary Office. Retrieved from: [www.dohc.ie/publications/building\\_culture\\_patient\\_safety.html?lang=en](http://www.dohc.ie/publications/building_culture_patient_safety.html?lang=en) (Last accessed 23<sup>rd</sup> January 2014).
- Government of Ireland, Department of Health and Children (2010) *A Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework*. Dublin: The Stationary Office.
- Greggans, A. and Conlon, M. (2009) Critical companionship – the lived experience. Chp 6 in Hardy, S., Titchen, A., McCormack, B. and Manley, K. (Eds.) (2009) *Revealing Nursing Expertise through Practitioner Inquiry*. Oxford: Wiley-Blackwell. pp. 110-127.
- Gribben, B. and Cochrane, C. (2006) Critical companionship: our learning journey. *Practice Development in Health Care*. Vol. 5. No. 1. pp 14-19.
- Guba, E. (1981) Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*. Vol. 29. No. 2. pp 75-91.
- Harvey, G., Loftus-Hills, A., Rycroft-Malone, J., Titchen, A., Kitson, A., McCormack, B. and Seers, K.



- (2002) Getting evidence into practice: the role and function of facilitation. *Journal of Advanced Nursing*. Vol. 37. No. 6. pp 577-588.
- Health Information and Quality Authority (2012) *National Standards for Safer Better Health Care*. Dublin: HIQA. Retrieved from: [www.hiqa.ie/standards/health/safer-better-healthcare](http://www.hiqa.ie/standards/health/safer-better-healthcare) (Last accessed 20<sup>th</sup> January 2014).
- Health Information and Quality Authority (2013) *Investigation into the Safety, Quality and Standards of Services Provided by the Health Service Executive to Patients, Including Pregnant Women, at Risk of Clinical Deterioration, Including Those Provided in University Hospital Galway, and as Reflected in the Care and Treatment Provided to Savita Halappanavar*. Dublin: HIQA. Retrieved from: [www.hiqa.ie/publications/patient-safety-investigation-report-services-university-hospital-galway-uhg-and-reflect](http://www.hiqa.ie/publications/patient-safety-investigation-report-services-university-hospital-galway-uhg-and-reflect) (Last accessed 23<sup>rd</sup> February 2014).
- Health Services Executive (2006) *Transformation Programme 2007-2010*. Dublin: The Stationery Office.
- Heron, J. (1989) *The Facilitator's Handbook*. London: Kogan Page.
- Hoogwerf, L., Frost, D. and McCance, T. (2008) The ever-changing discourse of practice development: can we all keep afloat? Chp 3 in Manley, K., McCormack, B. and Wilson, V. (Eds) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 42-58.
- Johns, C. and Butcher, K. (1993) Learning through supervision: a case study of respite care. *Journal of Clinical Nursing*. Vol. 2. No. 2. pp 89-93.
- Johns, C. (1995) The value of reflective practice for nursing. *Journal of Clinical Nursing*. Vol. 4. No. 1. pp 23-30.
- Joint Commission International (2014) *Standards for Hospitals*. (5<sup>th</sup> Edition). Illinois: Joint Commission International. Retrieved from: [www.jointcommissioninternational.org/Programs-Hospitals/](http://www.jointcommissioninternational.org/Programs-Hospitals/) (Last accessed 20<sup>th</sup> January 2014).
- Kouzes, J. and Posner, B. (2007) *The Leadership Challenge*. (4<sup>th</sup> Edition). San Francisco: Jossey-Bass.
- Kouzes, J. and Posner, B. (2012) *The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations*. (5<sup>th</sup> Edition). San Francisco: Jossey-Bass.
- Loveday, B. (2013) *Leadership for Person-Centred Dementia Care*. London: Jessica Kingsley.
- Manley, K. and Garbett, R. (2000) Paying Peter and Paul: reconciling concepts of expertise with competency for a clinical career structure. *Journal of Clinical Nursing*. Vol. 9. No. 3. pp 347-359.
- Manley, K. (2004) Transformational culture: a culture of effectiveness. Chp 4 in McCormack, B., Manley, K. and Garbett, R. (Eds) (2004) *Practice Development in Nursing*. Oxford: Blackwell. pp 51-82.
- Manley, K., McCormack, B., Wilson, V. and Thoms, D. (2008) The future contribution of practice development in a changing healthcare context. Chp 18 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 379-395.
- Manley, K., Titchen, A. and Hardy, S. (2009) Work-based learning in the context of contemporary healthcare education and practice: a concept analysis. *Practice Development in Health Care*. Vol. 8. Vol. 2. pp 87-127.
- Manley, K., Solman, A. and Jackson, C. (2013) Working toward a culture of effectiveness in the workplace. Chp 8 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. Chichester: Wiley-Blackwell. pp 146-168.
- Martinsen, K. (2006) *Care and Vulnerability*. Oslo: Akribes.
- Mayeroff, M. (1971) *On Caring*. London: HarperCollins.
- McCance, T., Gribben, B., McCormack, B. and Laird, E. (2013) Promoting person-centred practice within acute care: the impact of culture and context on a facilitated practice development programme. *International Practice Development Journal*. Vol. 3. No. 1. Retrieved from: [www.fons.org/library/journal/volume3-issue1/article2](http://www.fons.org/library/journal/volume3-issue1/article2) (Last accessed 21<sup>st</sup> January 2014).
- McCormack, B. and Titchen, A. (2006) Critical creativity: melding, exploding, blending. *Educational Action Research*. Vol. 14. No. 2. pp 239-266.
- McCormack, B., Henderson, E., Wilson, V. and Wright, J. (2009) Making practice visible: the Workplace Culture Critical Analysis Tool (WCCAT). *Practice Development in Health Care*. Vol. 8. No. 1. pp 28-43.
- McCormack, B. and McCance, T. (2010) *Person -Centred Nursing. Theory and Practice*. Oxford: Wiley- Blackwell.
- McCormack, B., Dewing, J., Breslin, L., Tobin, C., Manning, M., Coyne-Nevin, A., Kennedy, K. and Peelo-Kilroe, L. (2010) *The Implementation of a Model of Person-Centred Practice in Older Person Settings. Final Report*. Dublin: Office of the Nursing Services Director, Health Service Executive.
- McCormack, B., Manley, K. and Titchen, A. (2013) Introduction. Chp 1 in McCormack, B., Manley, K. and

- Titchen, A. (Eds.) (2013) *Practice Development in Nursing and healthcare*. (2<sup>nd</sup> edition). Chichester: Wiley-Blackwell. pp 1-17.
- Muetzal, P.A. (1988) Therapeutic nursing. Chp 5 in Pearson, A. (Ed.) (1988) *Primary Nursing: Nursing in the Burford and Oxford Nursing Development Units*. London: Croom Helm. pp 89-116.
- Newman, C., Cashin, A. and Downie, A. (2009) An evaluation of nurse engagement in emancipatory practice development: the diary of a critical companion. *Practice Development in Healthcare*. Vol. 8. No. 2. pp 77-86.
- Nursing and Midwifery Board of Ireland (2013) *Draft Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*. Dublin: Nursing and Midwifery Board of Ireland. Retrieved from: [www.nursingboard.ie/getAttachment.aspx?id=48c95d7f-83e6-4858-9e71-eb479a6d9b31](http://www.nursingboard.ie/getAttachment.aspx?id=48c95d7f-83e6-4858-9e71-eb479a6d9b31) (Last accessed on 31<sup>st</sup> March 2014).
- Özek, Y., Edgren, G. and Jandér, K. (2012) Implementing the critical friend method for peer feedback among teaching librarians in an academic setting. *Evidence Based Library and Information Practice*. Vol. 7. No. 4. pp 68-81.
- Reason, P. and Torbert, W. (2001) The action turn: toward a transformational social science. *Concepts and Transformation*. Vol. 6. No. 1. pp 1-37.
- Roderick, R. (1986) *Habermas and the Foundations of Critical Theory*. London: Macmillan.
- Rycroft-Malone, J. (2004) Research implementation: evidence, context and facilitation - the PARIHS framework. Chp 6 in McCormack, B., Manley, K. and Garbett, R. (Eds.) (2004) *Practice Development in Nursing*. Oxford: Blackwell. pp 118-147.
- Sanders, K., Odell, J. and Webster, J. (2013) Learning to be a practice developer. Chp 2 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. (2<sup>nd</sup> edition). Chichester: Wiley-Blackwell. pp 18-44.
- Shaw, T., Dewing, J., Young, R., Devlin, M., Boomer, C. and Legius, M. (2008) Enabling practice development: delving into concept of facilitation from a practitioner perspective. Chp 8 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 147- 169.
- Solman, A. and Fitzgearld, M. (2008) Leadership Support. Chp 13 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 260-272.
- Swanson, K. (1993) Nursing as informed caring for the well-being of others. *Journal of Nursing Scholarship*. Vol. 25. No. 4. pp 352-357.
- Titchen, A. (1998) *Professional Craft Knowledge in Patient-Centred Nursing and the Facilitation of its Development*. Unpublished DPhil Thesis, University of Oxford. (Lodged in British Library; Department of Educational Studies, University of Oxford and; RCN Library Steinberg Collection).
- Titchen, A. (2000) *Professional Craft Knowledge in Patient-Centred Nursing and the Facilitation of its Development*. Kidlington, Oxfordshire: Ashdale Press.
- Titchen, A. (2001) Critical companionship: a conceptual framework for developing expertise. Chp 10 in Higgs, J. and Titchen, A. (Eds.) (2001) *Practice Knowledge and Expertise in the Health Professions*. Oxford: Butterworth Heinemann. pp 80-90.
- Titchen, A. (2004) Helping relationships for practice development: critical companionship. Chp 7 in McCormack, B., Manley, K. and Garbett, R. (Eds.) (2004) *Practice Development in Nursing*. Oxford: Blackwell. pp 148-174.
- Titchen, A. and Manley, K. (2006) Spiralling towards transformational action research: philosophical and practical journeys. *Educational Action Research*. Vol. 14. No. 3. pp 333-356.
- Titchen, A., Dewing, J. and Manley, K. (2013) Getting going with facilitation skills in practice development. Chp 6 in McCormack, B., Manley, K. and Titchen, A. (Eds.) (2013) *Practice Development in Nursing and Healthcare*. Oxford: Wiley-Blackwell. pp 109-129.
- Van Leishout, F. (2013) *Taking Action for Action. A Study of the Interplay Between Contextual and Facilitator Characteristics in Developing an Effective Workplace Culture in a Dutch Hospital Setting, Through Action Research*. (Unpublished thesis) Ulster: University of Ulster.
- Wright, J. and Titchen, A. (2003) Critical Companionship part 2: using the framework. *Nursing Standard*. Vol. 18. No. 10. pp 33-38.



### **Acknowledgements**

Members of the Student International Community of Practice (SiCoP), who provided the space to explore and dialogue about facilitation and Critical Companionship.

Professor Angie Titchen for her critique of Critical Ally and Critical Friend, and for her generosity and support.

Michelle Kilroe, graphic artist who took the concept of Critical Ally and Critical Friend and produced the graphic designs.

**Michele Hardiman** (RPN, RGN, HDip, MA Health Mgt, PhD candidate), Nurse Practice Development and Education Facilitator, Galway Clinic, Doughiska, Galway, Ireland. PhD student Canterbury Christ Church University, Canterbury, Kent. UK.

**Jan Dewing** (PhD, MN, MA, BSc, RN, RNT, Dip Nurs Ed, Dip Nurs) Professor Person-centred Research and Practice Development, East Sussex Healthcare NHS Trust and Canterbury Christ Church University; Co-Director, England Centre for Practice Development; Lead for Regional Dementia Care Innovation Hub; Visiting Professor, University of Ulster, Northern Ireland and University of Wollongong, NSW Australia.