RESEARCH PAPERS ON KNOWLEDGE, INNOVATION AND ENTERPRISE
VOLUME 14, ISSUE 1, JULY 2026, PP. 91-103

Applying the 5Es Reflective Framework® to a Community Pharmacy Scheduling Situation: A Practice-Based Reflective Analysis

CHIJIOKE AGOMO
Research & Development Unit, Coagg Limited, UK

Abstract

Reflective practice plays a steady, often underestimated role in healthcare learning. It gives practitioners a chance to pause and make sense of everyday situations that might otherwise pass unnoticed. In community pharmacy, people usually associate reflection with clinical decisions or patient-facing issues, but even something as ordinary as reviewing a rota reveals gaps in our assumptions and habits. This paper uses the 5Es Reflective Framework® to look back on a real scheduling mix-up in an English community pharmacy. The situation involved a pharmacist who assumed, based on a long-standing alternate-Saturday pattern, that he was off on a particular weekend. A call from a colleague quickly challenged that belief. After reviewing the online rota, he realised he was meant to be on duty. He lived close by and arrived about 35 to 40 minutes late. Staff placed a notice on the door, and most customers who turned up during the delay were simply collecting repeat medicines. Once he arrived, the pharmacy settled back into normal service without difficulty.

The purpose of this reflection is educational rather than investigative. This paper examines how expectation-based thinking may contribute to overlooked vulnerabilities within daily pharmacy practice. By highlighting the influence of expectations prior to an event, the 5Es Framework serves as a valuable complement to established reflective models, which typically begin only after the event has occurred.

It shows how the 5Es Framework helps uncover the expectation that shaped the situation, the emotions that followed, and the practical steps that could prevent a similar issue. It also suggests that everyday workplace habits deserve as much reflective attention as clinical decisions. Although this is a single author-led reflection and not a formal evaluation of the 5Es Framework, it offers a small window into how the model might support structured learning in regular pharmacy practice. This paper may also contribute to ongoing discussions on reflective learning, service reliability, and human factors within pharmacy education. Future independent studies would be needed to explore its wider usefulness and credibility.

Keywords: Reflective practice, 5Es Reflective Framework, community pharmacy, scheduling error, expectation-based thinking, human factors

Introduction

Reflective practice is widely discussed within healthcare education (Mann, Gordon, and MacLeod, 2009; Sandars, Allan and Price, 2024), but its value tends to show itself in the simple, ordinary moments rather than the dramatic ones. It gives practitioners a chance to slow down, look back at what occurred, and work out what it might mean for future behaviour. In community pharmacy, people usually link reflection to clinical decisions, patient counselling, or safety issues. But everyday tasks, the ones we barely think about, can teach us just as much.

One such task is reviewing the rota. While rota management is often perceived as a purely administrative task, it plays a critical role in ensuring task-level service continuity within healthcare systems. Unchecked assumptions within this process may affect service continuity and workplace coordination. On the surface, it feels like a simple administrative job. Yet anyone who has worked in a busy community pharmacy knows how tightly the whole service depends on the responsible pharmacist being present. Even a short delay can unsettle the team, inconvenience customers, and create a sense of avoidable pressure. Because of that, expectations about work patterns deserve more attention than they usually get. The idea of learning from familiar situations is not new. Dewey (1933) wrote about reflection as a deliberate way of examining our beliefs and actions. Schön (1983) later described how practitioners learn by thinking about what they do, largely when practice becomes messy or unpredictable. Kolb (1984) placed experience at the centre of learning, highlighting how reflection helps turn lived moments into future improvement. These ideas still shape how we teach and learn in healthcare, including pharmacy training (Sandars, Allan and Price, 2024; Tsingos *et al*., 2014).

Most reflective practice literature in healthcare looks at clinical decision-making, communication, or important patient interactions (Ida *et al*., 2024; Tsingos *et al*., 2014). There is less focus on the everyday service-related habits and reflective processes that help sustain reliable pharmacy services (Din, 2025). In community pharmacy, consistency, punctuality, good workflow, and clear understanding of schedules and duties are all essential. Even though small workplace mistakes might not cause direct harm, but they can still disrupt continuity, reduce public trust, and affect how the team works together.

Many reflective models build on this tradition (Kolb, 1984; Gibbs, 1988; Driscoll, 1994). Gibbs' Reflective Cycle (Gibbs, 1988), for example, gives a clear step-by-step structure that students and practitioners still find helpful. One thing that sets the 5Es Reflective Framework apart is its clear

focus on expectations before an event happens. While most reflective models start by describing what happened after the fact, the 5Es model ask practitioners to examine the beliefs, routines, and expected outcomes that influenced their actions ahead of time. This difference matters in education because many workplace oversights come from unexamined expectations that guide our usual patterns, not from intentional errors (Agomo, 2025a; Agomo, 2025b). That simple shift can reveal assumptions we may not realise we were carrying. The 5Es Framework includes five stages: Expectation, Experience, Evaluation, Explore and Execute (Figure 1). It was designed to help practitioners notice the link between what they assumed, what happened, how they felt about it, and what they might do differently next time (Agomo, 2025a; 2025c). This can be relevant when a situation arises because expectation and reality did not match.



Figure 1. *Agomo's 5Es Reflective Framework*

In this paper, the framework is applied to a simple but practical scheduling mix-up in community pharmacy. The aim is not to report a workplace incident or critique an organisation. It is to show how the 5Es Framework helps unpack an everyday situation and turn it into practical learning. The example sits firmly in the educational space, offering a realistic scenario that students and practitioners may recognise from their own experience.

The author is the developer of the 5Es Reflective Framework® (which is registered with the UK Intellectual Property Office), and as such,

this paper should be interpreted as an illustrative application rather than an independent empirical validation of the model.

Ethical considerations

This paper is based on an anonymised reflective account derived from regular community pharmacy practice. It contains no patient information, staff identifiers, or organisational details that could permit identification. The reflection is presented solely for the educational purpose of examining reflective learning and workflow-related practice in pharmacy. As it did not involve data collection, participant interviews, or any form of formal research investigation, formal ethical approval was not required.

Practice-based pharmacy situation

The situation described here took place in a busy community pharmacy in England. The pharmacist involved had been working an alternate-Saturday pattern for so long that it had become second nature. Over time, the pattern felt predictable enough that he did not consider it necessary to review the rota again. That regular rhythm shaped his expectation that a particular Saturday would be a day off. What he did not realise was that the rota had been updated. Because he had not looked at the new schedule, he did not notice the change. Everything seemed normal until he received a call from a colleague asking why he was not at the pharmacy. That moment immediately challenged what he believed about the day.

He reviewed the online rota and saw that he was, in fact, scheduled to work. The realisation brought a combination of urgency and discomfort. He lived close by, so he left home straightaway and arrived about 35 to 40 minutes after the expected start time. While waiting, the team placed a notice on the door asking customers to return later. Most people who turned up during that short window were collecting routine repeat medicines, and once the pharmacist arrived, the pharmacy settled back into its usual flow.

No clinical issue or patient-specific concern arose during the delay. Even so, the situation still had service-related implications. Community pharmacy relies heavily on the responsible pharmacist being present, and a late start may affect customer confidence, staff workload, and the general sense of practice dependability that people expect from healthcare services. The key learning point was not about clinical competence. It was about a belief that was never revisited. The pharmacist trusted a long-standing pattern without revisiting it, which made the situation a practical example of how everyday habits can quietly influence professional behaviour.

Applying the 5Es Reflective Framework®

Expectation

The starting point of this situation was not the phone call or the late arrival. It began much earlier, with what the pharmacist believed about that Saturday. He expected it to be a day off because the alternate-Saturday pattern had been in place for so long that it felt almost fixed. Familiar routines can feel reassuring, making it easy to rely on habits without questioning them.

Here, the 5Es Framework is valuable because it prompts the practitioner to examine the habits that shaped the situation. The expectation felt reasonable because it had been reinforced over time, but it depended entirely on the rota staying the same. Once the schedule changed, the expectation no longer matched reality. Familiar patterns can reduce the mental effort involved in regular work, notably in community pharmacy where the pace can be relentless. From a human factors perspective, repeated automatic tasks may gradually reduce active verification behaviours as familiarity increases (Catchpole, 2013). In this case, the long-standing pattern became trusted automatically, without deliberate reassessment. The assumption was not inherently unsafe, but it became problematic because it was never reassessed.

By examining the expectation first, the reflection uncovers the real starting point. The issue was not simply lateness. It was the belief that there was no shift to attend. That gap between what was assumed and what occurred set the whole situation in motion.

Experience

When the phone rang that morning, the pharmacist was not expecting anything unusual. The call from a colleague asking why he was not at the pharmacy immediately unsettled him. It challenged the belief he had been carrying all week about having the day off. That moment of realisation can feel quite sharp, mainly when it touches on accountability in practice. He opened the online rota and saw the updated schedule. The shift was clearly listed. That realisation brought urgency and embarrassment, a feeling many practitioners will recognise when a simple oversight suddenly comes to light. Such reactions are common when workplace assumptions are suddenly contradicted by objective information. He got ready quickly and headed out, arriving around 35 to 40 minutes after the planned start time.

During that short gap, the team placed a notice on the door asking customers to return later. Most people who came by were collecting regular repeat medicines, so the impact was minimal. Once the pharmacist arrived, the pharmacy settled back to normal without any major disruption. Although no clinical concern arose, the delay nonetheless disrupted the usual workflow of the pharmacy. Community pharmacy depends on the responsible pharmacist being present on time. What started as a private assumption

quietly turned into a public delay, showing how quickly familiar workplace patterns can influence workflow.

Evaluation

With hindsight, the delay could have been avoided. A quick review of the online rota earlier in the week would certainly have picked up the updated Saturday shift. Such actions take less than a minute but can prevent a lot of unnecessary stress later. At an individual level, the situation highlights something that often gets overlooked in pharmacy training. Professional responsibility extends beyond clinical judgement and dispensing accuracy, but also the day-to-day workplace habits that underpin consistent and reliable service delivery (Vincent, 2010). Healthcare systems literature argues that reliable practice depends on simple, consistent checks (Reason, 2000). As day-to-day tasks become more common, practitioners may begin to rely on assumptions instead of active confirmation. Being present on time is part of that reliability that patients and colleagues depend on.

From the service perspective, even a short delay can have a ripple effect. Even though no patient-specific issue was reported, customers still had to return later. For some, that might have been a minor inconvenience. For others, it may have disrupted their plans for the day. Community pharmacy sits at the intersection of healthcare and everyday life, often operating within busy working environments where workload may affect both patient safety and pharmacists' well-being (Hassell *et al*., 2011). Hence, small delays can feel bigger than they look on paper. There is also an organisational angle. Rota systems are usually accessible, but the situation raises the question of whether clearer prompts or acknowledgement features might help practitioners notice changes more easily. Even so, this does not remove the pharmacist's duty to remain aware of schedule changes. Technology supports good habits, but it cannot replace them.

Overall, the evaluation points to a balanced view. This was not a clinical incident, and it should not be exaggerated into one. But it also should not be brushed aside. It was a preventable delay with real implications for reliability and customer experience. The learning sits somewhere in the middle: not dramatic, but useful.

Explore

The Explore stage invites a deeper look at what the situation meant on a personal and practical level, reflecting the growing emphasis on cognitive and emotional dimensions within reflective pharmacy education (Ida *et al*., 2024). It is not just about the sequence of events, but about the thoughts, feelings and habits that shaped them. Emotionally, the pharmacist felt a mix of regret and frustration. Those reactions are well-known to many practitioners. When something avoidable occurs, particularly something tied to consistency, it can sit uncomfortably. There is the immediate worry

about how colleagues managed in the meantime, and the quiet concern about how customers might have perceived the delay.

Cognitively, the situation highlights how powerful workplace behaviour can be. The pharmacist did not ignore the rota on purpose. Instead, the mistake appears to stem from habitual reliance on familiar patterns, whereby prolonged exposure to an unvarying pattern progressively diminished the perceived need for deliberate verification. This demonstrates the subtle ways in which workplace complacency may arise within stable systems, emerging not from negligence but from an overreliance on established patterns of practice.

When an established practice becomes that ingrained, it can slip into the background and feel almost automatic. That is often when default beliefs start to replace deliberate review. In practice, the situation touches on accountability in a broader sense. Pharmacists are trained to think carefully about clinical decisions, but organisational consistency is just as important. Being present when expected is part of the foundation that allows safe practice to happen. In that light, reviewing the rota is not just an administrative task. It is part of the responsibility within practice to ensure continuity of care.

The Explore stage also helps keep the reflection balanced. The aim is not to turn the situation into harsh self-criticism. Instead, it is to understand how it unfolded and what it reveals about familiar practices. The fact that the pharmacist chose to reflect on the experience at all suggests a willingness to learn from discomfort rather than avoid it.

Execute

The Execute stage is where the reflection turns into something practical. It is the point where the pharmacist moves from feeling uncomfortable about what occurred to putting steps in place that make a repeat less likely.

The first and most obvious action is to review the rota regularly. A quick look at the start of each week, and again before any weekend shift, would help prevent preconceptions from slipping in. It is a simple habit, but one that can make a noticeable difference.

The second action is to use digital reminders. Once shifts are confirmed, adding them to a calendar with alerts set for the day before can function as a safety net. For weekend work, an extra reminder the evening before might be helpful. Many pharmacists already use digital tools for Continuous Professional Development (CPD), revalidation notes, or personal commitments, so extending that habit to rota management feels realistic.

A third action is more mindset-based: treating long-standing patterns as provisional rather than fixed. Even if a rota has followed the same rhythm for years, it still deserves a fresh review. Familiarity can be comforting, but it should not replace confirmation.

Communication also plays a role. If rota changes occur, it helps when scheduling systems make those changes clear. Notifications, acknowledgement prompts, or simple confirmation messages can support practitioners, particularly in busy weeks. These tools do not remove the need for personal responsibility, but they can make it easier to stay aware. From an educational perspective, the reflection underscores that reflective practice should extend beyond clinical decision-making to include the procedural behaviours that sustain consistent and dependable healthcare provision.

Table 1. *Summary of reflective analysis using the 5Es Framework*

5Es stage	Reflective analysis	Educational insight	Practical action
Expectation	The pharmacist believed the Saturday was a day off because the alternate-Saturday pattern had remained unchanged for a long time. Familiarity gradually replaced careful rota review.	Established patterns can gradually encourage automatic thinking and reduce attentiveness.	Review the rota at the start of each week and again before weekend shifts, even when schedules appear familiar.
Experience	A colleague's phone call revealed that the pharmacist was expected at work. After reviewing the rota, he realised the schedule had changed and arrived around 35 -40 minutes late. Staff placed a temporary notice on the door while waiting for him to arrive.	Private expectations can quickly become visible workplace problems affecting workflow, continuity, and customer confidence.	Respond promptly to unexpected concerns, confirm schedules immediately, and reflect on what contributed to the situation.

5Es stage	Reflective analysis	Educational insight	Practical action
Evaluation	The delay was preventable and highlighted the importance of reliability within community pharmacy. Although no patient-specific harm occurred, the delay still disrupted access to services and increased pressure on staff.	Reliable practice depends not only on clinical competence, but also on consistent workplace habits and attention to detail.	Treat rota review as part of safe and dependable pharmacy practice rather than a purely administrative task.
Explore	The pharmacist experienced regret, frustration, and discomfort after recognising that familiarity with long-standing patterns contributed to the delay.	Workplace complacency may develop gradually through over-reliance on familiar habits rather than deliberate negligence.	Reflect critically on workplace habits and expectations without resorting to harsh self-criticism.
Execute	The reflection highlighted the need for clearer rota review habits, reminder systems, and better awareness of schedule changes.	Reflection becomes most valuable when it leads to realistic behavioural and organisational improvement.	Use calendar reminders, regular rota reviews, and clearer communication systems for scheduling changes.

Discussion

This reflection shows how something as ordinary as a rota assumption can create a noticeable disruption in community pharmacy. Nothing clinical went wrong, and no patient-specific harm occurred, but the delay nevertheless had workflow-related implications. Customers had to return later, colleagues had to manage the gap, and the pharmacist had to deal with the un-

comfortable realisation that a simple oversight had wider consequences. In a setting where people rely on timely access to medicines and advice, even small delays can feel significant.

The 5Es Framework was particularly insightful here because it starts with Expectation. Many reflective models (Kolb, 1984; Gibbs, 1988; Driscoll, 1994) begin with the event itself, which can sometimes lead practitioners to focus on what unfolded rather than what shaped it. In this case, the real issue was not the late arrival on its own. It was the belief that the pharmacist was not scheduled to work. That belief had been reinforced over years of standard practice and once unexamined, began to shape subsequent behaviour. Human factors literature has long recognised that familiar procedures may inadvertently heighten vulnerability to mistake when habitual thinking replaces deliberate verification (Reason, 2000). Here, the issue did not stem from deficits in knowledge or clinical competence, but from the subtle influence of ingrained assumptions on workplace behaviour. Although models such as Gibbs' Reflective Cycle and Driscoll's framework remain central to structured reflective practice, they address post-event analysis. In contrast, the 5Es Framework places greater emphasis on examining expectations before events occur.

This distinction matters. If the reflection had begun with the experience, the analysis might have focused on the delay, customer inconvenience, or wider service and organisational effects. Although those service-related consequences matter, they do not explain why the situation occurred. By beginning with expectation, the 5Es Framework helps uncover the belief that quietly shaped the situation. The Explore stage also added depth. The pharmacist's feelings of regret and frustration were not side notes. They revealed how seriously he took his role within practice. Emotional responses often signal that a situation has touched on something important. Reflection gives practitioners a way to process those feelings without slipping into defensiveness or harsh self-criticism.

The Execute stage then grounded the reflection in practical action. The steps identified were simple but important: review the rota regularly, use digital reminders, avoid treating long-standing patterns as fixed, and support clearer communication around scheduling changes. These actions do not require major organisational change. They are realistic habits that strengthens consistency in everyday practice. There is also a broader educational point. Pharmacy training often focuses on clinical judgement, accuracy, and patient-facing skills. Yet much of what keeps a pharmacy running smoothly depends on ordinary habits that rarely get discussed. This example shows that reflective practice is not only for complex clinical cases. It can also assist practitioners learn from the quieter moments that shape behaviour.

Because this reflection is based on a single author-led account, it should not be treated as formal validation of the 5Es Framework. Instead, it offers an early illustration of how the model might work in practice. Inde-

pendent studies would be needed to explore its wider usefulness, especially across different settings and practitioners. Even so, the example suggests that starting reflection with expectation may help reveal underlying factors that other models sometimes leave in the background.

Limitations

Because this re focuses on one person's experience, it cannot claim to represent how all pharmacists think or behave in similar circumstances. The author's background and familiarity with the 5Es Framework also shape how the situation is interpreted.

The reflection does not compare the 5Es Framework with other models, nor does it measure outcomes or evaluate the framework across different pharmacy settings and practitioner groups. It also does not include organisational data, customer feedback, or staff perspectives, which means the picture is necessarily partial. The aim here is educational rather than evaluative.

Despite these limitations, the example remains informative. It shows how a simple scheduling error can highlight the role of expectation in everyday practice. But any claims about the wider value of the 5Es Framework will need independent studies that explore how practitioners apply it across different professional settings, and whether its starting point of expectation genuinely adds something distinctive to reflective practice. The paper relies primarily on reflective interpretation and provides limited empirical evaluation to support its assertions.

Conclusion

This paper argues that reflective practice in pharmacy could be strengthened by closer consideration of workplace routines and the expectations that inform them. By positioning expectation as a precursor to experience, the 5Es Framework enables practitioners to identify underlying beliefs that may otherwise remain implicit. Although the paper does not empirically evaluate the framework, it offers an educational example of how expectation-centred reflection can support practical insight, service reliability, and reflective learning in everyday pharmacy practice.

Correspondence
Dr Chijioke Agomo
Research & Development Unit
Coagg Limited, London
United Kingdom
Email: coagomo@hotmail.com

AI Disclosure

AI tools assisted with editing, accuracy check and refinement. All ideas, analysis and final content are the author's own.

References

Agomo, C. (2012) 'Why UK pharmacy must adapt to the increasing demands of professionalism in practice', *International Journal of Pharmacy Practice*, 20(5), pp. 320–323. https://doi.org/10.1111/j.2042-7174.2012.00200.x

Agomo, C. (2025a) 'Proposing a new model for reflective practice: The 5Es Reflective Framework', *Open Journal of Social Sciences*, 13(3), pp. 481–496. doi: 10.4236/jss.2025.133033.

Agomo, C. (2025b) '*5Es Reflective Framework: A Guide for HR and managers'*. Available at: https://www.toolshero.com/human-resources/5es-reflective-framework/ (Accessed: 1 May 2026).

Agomo, C. (2025c) '*The 5Es Reflective Framework: A Practical Guide for Professionals and Educators'*. Available at: https://amzn.eu/d/0iHMF1go (Accessed: 1 May 2026).

Catchpole, K. (2013) 'Spreading human factors expertise in healthcare: untangling the knots in people and systems', *BMJ Quality & Safety*, 22(10), pp. 793-797. doi: 10.1136/bmjqs-2013-002036.

Dewey, J. (1933) *How We Think: A Restatement of the Relation of Reflective Thinking to the Educative Process*. Boston, MA: D. C. Heath & Co Publishers.

Din, M. (2025) 'Reflective practice is standard for most healthcare professionals, so why not pharmacists?', *The Pharmaceutical Journal*, 10 September. Available at: https://pharmaceutical-journal.com/article/opinion/reflective-practice-is-standard-for-most-healthcare-professionals-so-why-not-pharmacists (Accessed: 16 May 2026).

Driscoll J. (1994). Reflective practice for practise. *Senior Nurse,* 14(1), pp. 47 -50. PMID: 8303152.

Gibbs, G. (1988) *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: Oxford Polytechnic.

Hassell, K., Seston, E.M., Schafheutle, E.I., Wagner, A. and Eden, M. (2011) 'Workload in community pharmacies in the UK and its impact on patient safety and pharmacists' well-being: a review of the evidence', *Health and Social Care in the Community*, 19(6), pp. 561-575. doi: 10.1111/j.1365-2524.2011.00997.x.

Ida, H., Imafuku, R., Tsunekawa, K., Masaoka, Y., Fukushima, S. and Saiki, T. (2024) 'Exploring the cognitive processes of pharmacy students when writing reflective reports', *Reflective Practice*, 26(2), pp. 185-200. doi: 10.1080/14623943.2024.2424597.

Kolb, D. A. (1984) *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall.

Mann, K., Gordon, J., and MacLeod, A. (2009) 'Reflection and reflective practice in health professions education: a systematic review', *Advances in Health Sciences Education*, 14(4), pp. 595–621. doi: 10.1007/s10459-007-9090-2.

Reason, J. (2000) 'Human error: models and management', *BMJ*, 320 (7237), pp. 768-770. doi: 10.1136/bmj.320.7237.768.

Sandars, J., Allan, D. and Price, J. (2024) 'Reflective practice by health professions educators to enhance learning and teaching: AMEE Guide No. 166', *Medical Teacher*, 46(7), pp. 864-873. doi: 10.1080/0142159X.2023.2259071.

Schön, D. A. (1983) *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.

Tsingos, C., Bosnic-Anticevich, S. and Smith, L. (2014) 'Reflective practice and its implications for pharmacy education', *American Journal of Pharmaceutical Education*, 78(1), Article 18. doi: 10.5688/ajpe78118.

Vincent, C. (2010) *Patient Safety*. 2nd edn. Chichester: Wiley-Blackwell.