

How do we encourage our students to be more reflective?

Is what I think is 'good' reflection the same as other tutors?

These were the two questions that we addressed in a recent Year 5 tutors workshop in March at QMUL

Mezirow (1981) equates reflection with learning – 'new insight' from a practical or theoretical experience being the outcome. In everyday practice this is as familiar to us as it is obvious. Somehow the concept can seem to be lost on our students; but is this our fault or theirs?

In the year 5 community care unit students are invited to write a reflective piece on a case example focusing on principles of Good Medical Practice described in the GMC Duties of a doctor. The written piece of work forms the basis of a professional conversation with the tutor and is marked for part of their unit assessment.

The task involves writing up a brief summary of the case (300 or so words) and choosing 2 principles of practice (Good clinical care, Maintaining knowledge, Teaching and training, Relationship with patients, Relationship with colleagues). They must write a reflective discussion.

Our tutors recently held a workshop to share experiences of this task. Problems raised included:

- Poor understanding of the principles of medical practice
- Over complicated and lengthy medical description of the patient case, missing the patient dynamic and psychosocial aspects of the patient encounter
- Shallow reflection describing only what should happen in theory not what might happen in practice
- Marking seems very subjective; How can we judge someone else's reflection?

We found it helpful to look at what made a good piece of reflective writing; particularly in the context of students needing to write such pieces in work place based assessments at foundation and specialty training level in the future.

Various reflective frameworks have been used in the foundation and specialist level portfolios. Borton's (1970); What?; So What?; Now What?. Gibbs reflective cycle (1988) Description; Feelings; Evaluation; Analysis; Conclusion; Action plan. Atkins and Murphy (1994) Awareness; Describe; Analyze; Evaluate and Identify learning

From the developmental perspective these rely on skills needed to successfully formulate and answer reflective questions.

For example students are encouraged to :

“ Describe interesting, difficult or uncomfortable experiences. Try to record both positive and negative elements;

- What made the experience memorable?
- How did it affect you/patient/team?
- What did you learn from this experience and what (if anything) could you (or others) do differently next time?” (The COPMeD National Portfolio Management Group, 2009)

But asking the questions seems sometimes to not be enough. Our students need to develop the skills needed to answer these questions for their own practice. Richards and Maltby(1995) identify these skills as Information observation and description; Self-awareness; Critical thinking; Evaluation.

To help us assess the students’ reflection we looked for evidence of these skills in their writing. The RCGP publish a useful framework to help supervisors in the ST programme:

REFLECTION (WPBA Standards Group)		
Not Acceptable	Acceptable	Excellent (in addition to acceptable)
<p>Information Provided Entirely descriptive e.g. lists of learning events/ certificates of attendance with no evidence of reflection.</p>	<p>Limited use of other sources of information to put the event into context.</p>	<p>Uses a range of sources to clarify thoughts and feelings.</p>
<p>Critical Analysis No evidence of analysis (i.e. an attempt to make sense of thoughts, perceptions and emotions).</p>	<p>Some evidence of critical thinking and analysis, describing own thought processes.</p>	<p>Demonstrates well-developed analysis and critical thinking e.g. using the evidence base to justify or change behavior.</p>
<p>Self-Awareness No self-awareness.</p>	<p>Some self-awareness, demonstrating openness and honesty about performance and some consideration of feelings generated.</p>	<p>Shows insight, seeing performance in relation to what might be expected of doctors. Consideration of the thoughts and feelings of others as well as him/herself.</p>

Evidence of Learning No evidence of learning (i.e. clarification of what needs to be learned and why).	Some evidence of learning, appropriately describing what needs to be learned, why and how.	Good evidence of learning, with critical assessment, prioritization and planning of learning.
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We concluded that we often know and recognize good or poor reflection but find it more difficult to specify why and therefore give formative feedback. Such tools as the above 'grid' may be helpful at this stage. We also concluded that setting up this task to address the common problems student have with it is helpful. For example helping them pick appropriate case material and clearly sign posting them to the GMC principles. In discussing the reflective piece with them we can help by encouraging them to think about their critical analysis and self awareness skills.

Reference

Atkins, S., & Murphy, K. (1994). Reflective Practice. *Nursing Standard* , 8 (39), 49-56.

Jasper, M. (2006). *Profesional Development, Reflection and Decision-making*. Oxford: Blackwell.

Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education* , 32, 3.