



Education Grand Rounds

University of Oklahoma Health Sciences Center

Promoting Learner Reflection

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*Please turn your cell phones and pagers to silent or off.
Thank you!*

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Objectives

At the end of this session, participants will be able to:

- Define the concept of reflection
- Identify methods of for reflecting
- Determine ways to promote learner reflection

What is Reflection?

Latin word meaning “a bending back”

- a fixing of the thoughts on something; careful consideration.
- a thought occurring in consideration or meditation.

Dewey, 1933, Boud, 1985, Schon, 1983

Why Reflection?

- Improve professionalism
- Foster cultural competency
- Increase skills in life long learning
- Reflection = Professional ideals

Mann, 2009, Murray-Garcia, 2005

Reflection Activities

- Narrative writing or journaling (open-ended, structured, critical incidents)
- Portfolios
- Self-assessment
- Blog posts
- Interacting with art/music/literature
- Recording reflections on a mobile phone
- Debriefing

Charon et al. 2001, Branch 2005, Hunter 1995, Haidet 2007, Gill et al. 2010, Thompson et al., 2010

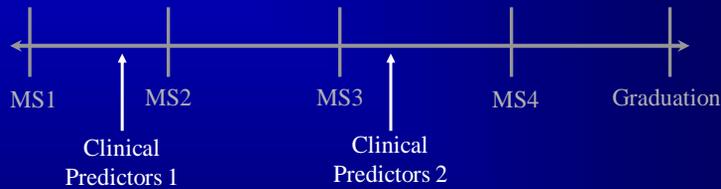
What is Missing?

- Role of the educator in fostering reflection
- Cognitive and emotional processes of reflection

Background: Activity

- Self-Assessment
 - Pt vs doctor-centered attitudes
 - Psychosocial beliefs
 - Stress from clinical uncertainty
- Written Feedback Report
 - Individual score
 - Class mean
 - Normative data (Practicing physicians)

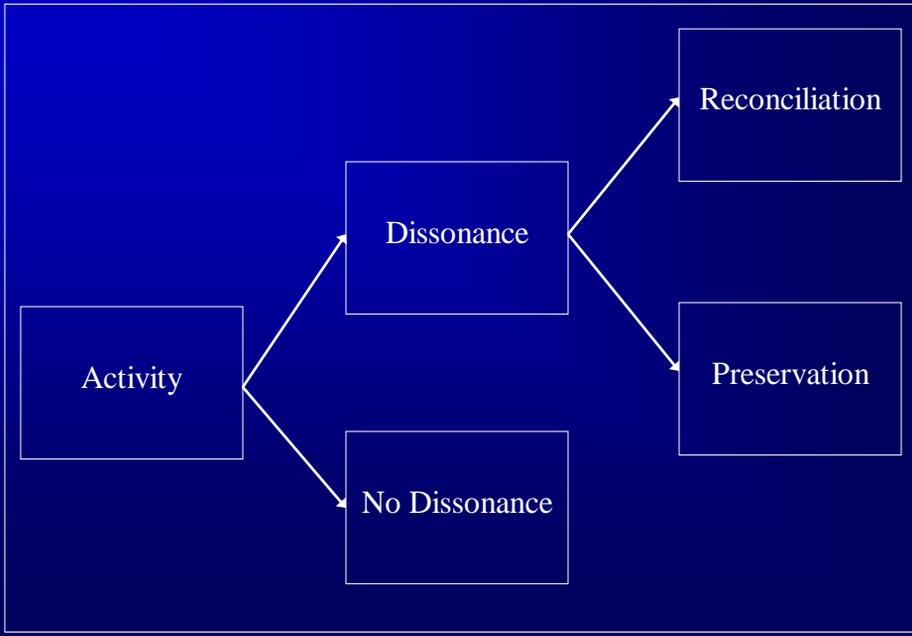
Background: Intervention



Data Analysis

- 94 pages of single-spaced text
- Analysis via a narrative approach
 - Individual coding
 - Repeated iterations of discussion
 - Atlas.ti and Microsoft Access to manage data
- Vetted by team and other experts

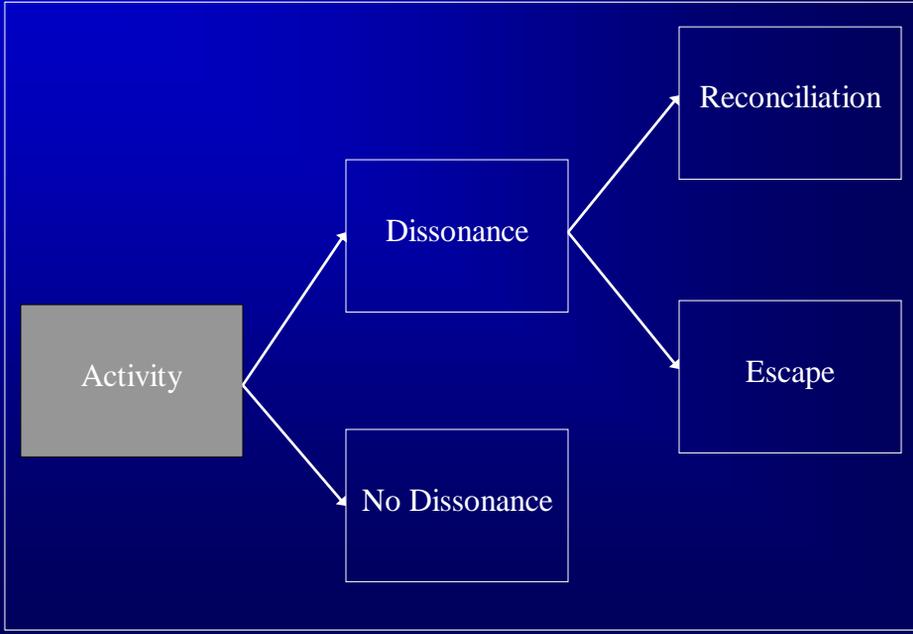
Results



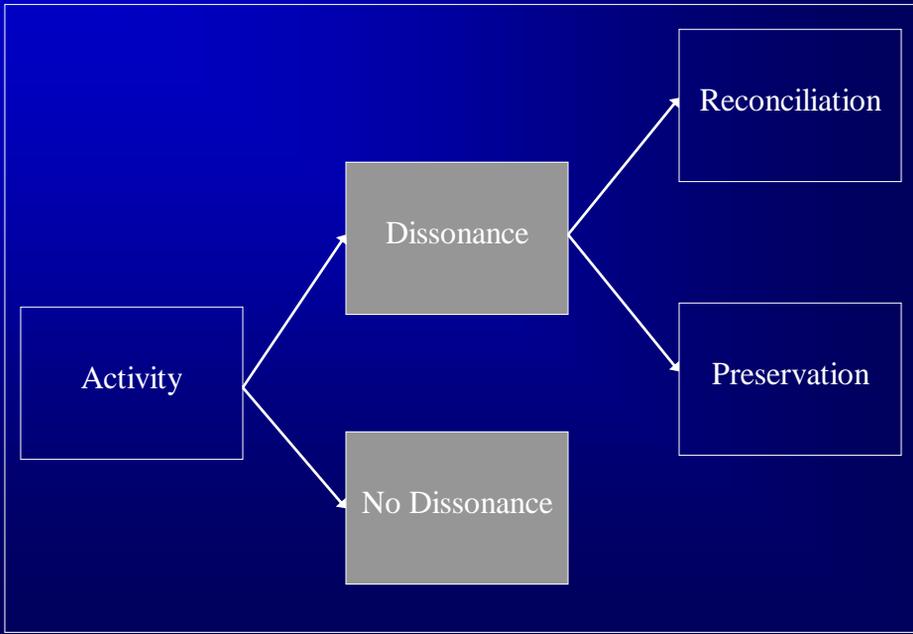
In the background...



Results



Results



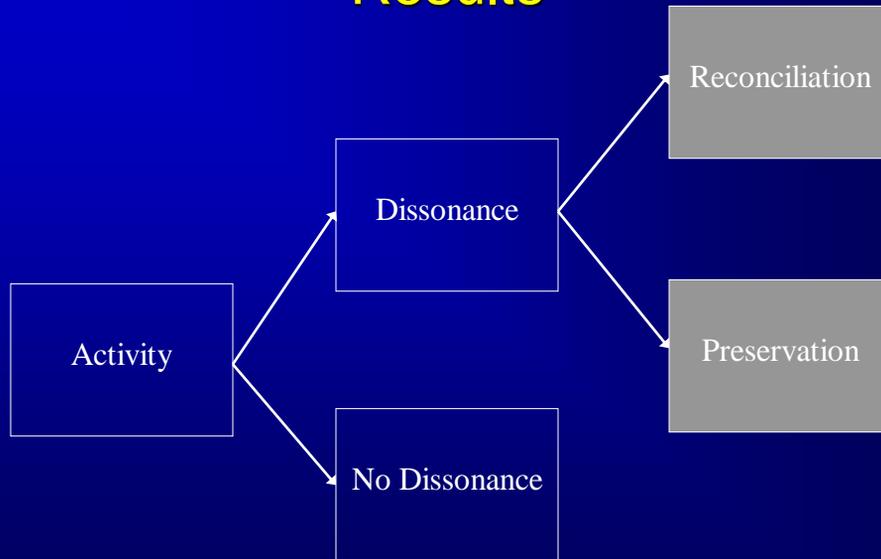
No Dissonance

“but in terms of how the class had scored and how I had scored, I got what I expected to get... the questions, you can kind of see what they are looking for, you can kind of see what the point is and so, I can see how my answers would jive with how I perceive myself. I wasn't surprised by anything that came back.” (MS1)

Dissonance

“I remember being very surprised when I got my results back, because I want to do family medicine... consider myself a good listener and stuff, and it came back, and I correlated with somebody who was more specialized... and I was like, 'whoa, that's not me, that's not what I wanna do'... so I was kind of surprised when I saw my scores.” (MS1)

Results



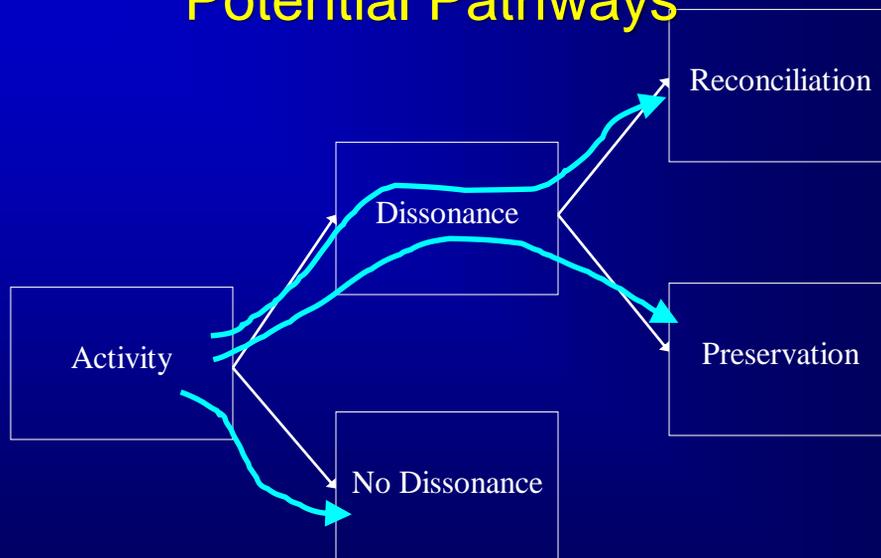
Reconciliation

“...it pointed out to me that maybe I am uncomfortable around patients. You know, I thought: ‘am I?’ Well, let me be more aware of myself when I’m around patients and do I act that way or what things make me uncomfortable and what things are making me comfortable?” (MS1)

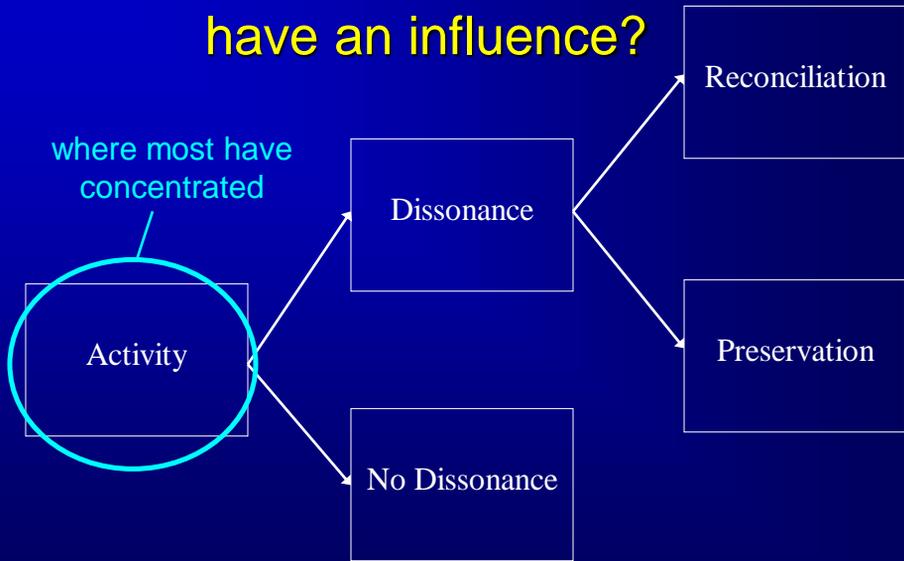
Preservation

“I think more than anything, it calls me to be skeptical of the instrument... and you can interpret that as me being totally unaware of myself, but I consider myself a fairly reflective person, so I was really skeptical of the instrument. I [thought that] this just really doesn't reflect who I am, and I think if you went and asked my close friends and family about me maybe the answer would be different.” (MS1)

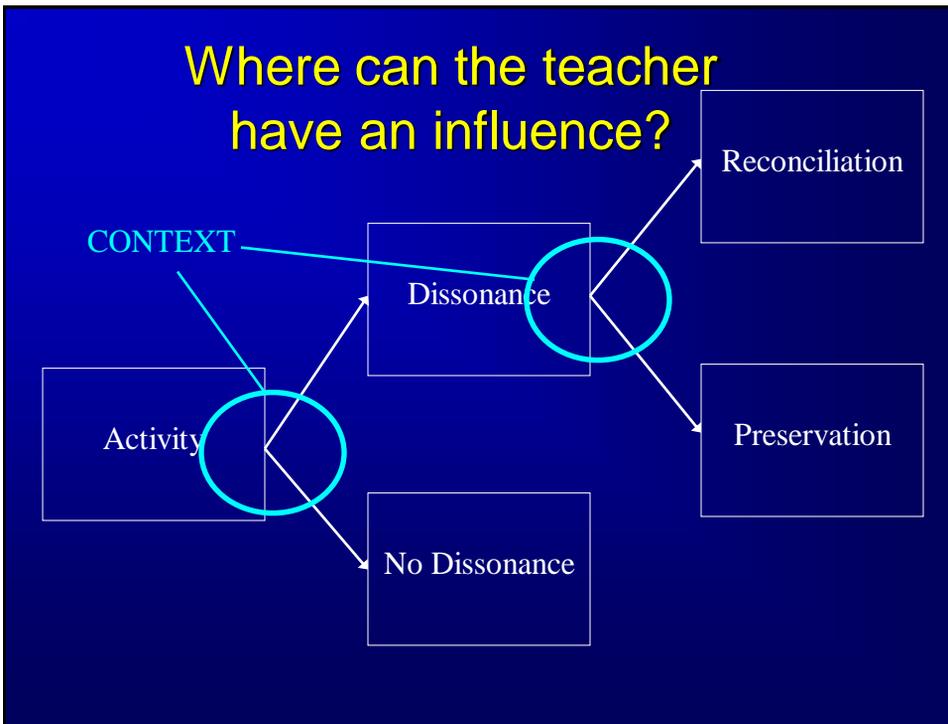
Potential Pathways



Where can the teacher have an influence?



Where can the teacher have an influence?



Is reconciliation always the 'best' pathway?

“And it's pretty easy for me as a medical student to be critical and *I feel like the job has not been done well* and the patient starts to cry and nobody, you know, but the medical students – this happened two days ago, at the end of an encounter: as a whole team, we were discussing whether a surgical intervention was indicated for a patient. And the attending was kind of speaking about the patient in front of the patient. And he used phrases like: 'We'd be less likely to kill the patient,' and by the time we were done with that, the patient was crying and nobody picked up on it but the medical students that were there. I think all of the experiences (including all of the ones we had in pre-clinical experience) at least helped me to be more aware of situations like that.” (MS2)

Can clinical teachers influence which processing pathway students take?

“I've gotten bad feedback from people I highly respect [and it] has helped me greatly. I mean: 'you really suck at this and you ought to just do it this way'. And I'm like: 'Oh, wow, thanks for telling me, you know...' And then I've gotten good feedback from people I have no respect for.”

Summary

- Is the ideal implied by the activity explicitly articulated to students?
- Can the activity elicit emotion?
- Will the activity engender dissonance?
- What is the preferred pathway (reconciliation or preservation)?
- If reconciliation is the preferred pathway, how can it be facilitated?

Application

- What reflective activities do you current use?
- Have you made the purpose (external ideal) explicit to the learner?
- How does this activity promote (or not) dissonance?
- What type of processing do you expect (preservation or reconciliation)
- If reconciliation, what type of preservation tactics do you expect?

References

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