Keeping Reflection Fresh

A Practical Guide for Clinical Educators

Edited by

ALLAN PETERKIN

and

PAMELA BRETT-MACLEAN

THE KENT STATE UNIVERSITY PRESS

Kent, Ohio

Reflection across the Curriculum

JOHANNA SHAPIRO

The program in Medical Humanities & Arts is a small but vital component of the educational curriculum at the University of California Irvine, School of Medicine. At its core, this program is a reflection curriculum. Its goal is to cultivate self-aware, self-reflexive physicians who are able to critically situate themselves and their patients within the culture of medicine as well as within larger societal contexts; challenge themselves and the health-care systems in which they function; pay empathic attention to disenfranchised, marginalized voices in health care; recognize how their stories and emotions, as well as those of their patients and colleagues, influence the patient-doctor encounter; and ultimately treat their patients with greater presence, emotional connection, and respect for personhood.[1]

In pursuit of these goals, my physician colleagues and I routinely draw on various forms of reflective practice. Our primary method is reflective writing on topics such as difficult patient-doctor interactions, cross-cultural encounters, ethical dilemmas, loss and grief, medical student/resident burnout, and finding meaning in medicine. Exercises may include point-of-view writing, letters to patients, poetry, and essays. Some students have kept a "parallel chart," recording all that they notice, imagine, wonder, and feel about a patient, everything that does not have a place in the official patient chart. This writing is guided by principles of reflexivity as articulated by Wald et al., including an emphasis on both transformative and confirmatory learning.[2]

We also have students create original projects using a variety of artistic media (poetry, art, drawing, video, skits, music, dance) as a means of reflection on their awe, ambivalence, or guilt about cadaver dissection; on pediatric and adult patients' various experiences of illness and hospitalization; on patient-

doctor and family member–doctor relationships; on aging, disability, death, and dying; and on the socialization process involved in becoming a doctor.[3] Other forms of reflective practice include participation in medical readers' theater and attendance at theatrical performances, followed by expert panels and facilitated group discussion to ponder the implications and ramifications of their experience. Students also learn visual-thinking strategies through examining representational art, followed by reflection on the relevance of these practices to patient care. As part of a doctoring class, students break into groups, receive a medically themed poem, and reflect on how they would interact with the patient it portrays. Participating in an elective, students watch a video of *Wit* (2001), a film of the iconic play about a woman dying of ovarian cancer, and then argue about the nature of medical professionalism. The thirty students enrolled in the fourth-year "Art of Doctoring" capstone elective work in teams to make a creative statement reflecting on how the past four years of socialization into the profession of medicine have changed them in positive and negative ways.

All medical humanities courses and course components routinely incorporate "reflection on reflection" by sharing students' original reflections in small-group sessions, followed by comments and insights from fellow students and faculty, thus deepening and extending the reflective process. All written materials produced by students are read and responded to in writing by at least one faculty member. Whenever possible, as in the example below, we have one physician and one non-physician provide written and/or verbal feedback so that students can receive different perspectives on their thoughts.

An excerpt from a fourth-year medical student essay (used with permission): "Why was I exhausted? Helping people was supposed to bring me joy and satisfaction; shouldn't those things energize me? My attitude was the antithesis of an attitude of service. While I couldn't deny my feelings, I hated having them. I realized after working with Mrs. G. that not being used up is going to be more difficult than I anticipated."

Excerpt from a non-physician psychologist: "Such terrific thoughtful questions. They lie at the core of medicine. It might be worth actually noticing when service to the patient 'fills you up' and when it depletes you." Excerpt from internist/geriatrician: "Now that you have asked the questions, perhaps you can give yourself time to consider, 'What can I do to take care of myself that will lessen this feeling?'"

As is suggested in these brief snippets, faculty both attempt to support students, while helping them to go more deeply into investigating their own processes and those of their patients. Within the time constraints of busy medical students, we encourage ongoing dialogue (either in person or by e-mail) to continue the exploration of topics that are uncertain and ambiguous and that require more than one answer. Interested physician faculty have been trained in reflective methodologies through faculty development workshops, but we rely primarily on an iterative process of mutual role modeling and feedback to help faculty hone reflective skills. For example, written comments are shared not only with students but with colleagues so that we can learn from each other's styles and strengths.

Through this variety of reflective processes, we are concerned with exploring issues we consider essential to the training of physicians in the twenty-first century. Using a developmental model, we first focus on identity formation—how bright, idealistic college graduates are transformed into physicians. We next move to an examination of the ideals of professionalism, including the primacy of patient care, respect for patient autonomy, and the principle of social justice, as well as how the hidden curriculum can compromise and subvert these ideals. In the clinical years, our teaching attempts to interrogate assumptions about patient-doctor interactions based on race, ethnicity, class, gender, ability, and power, as these attributes are manifest in the doctor-patient relationship and within the wider health-care system. Other goals in the clinical years include tackling moral distress, ethical dilemmas, physician and student burnout, and compassion fatigue. In examining these themes, our intention is to help students become more familiar with confronting uncomfortable truths about personal, interpersonal, and systemic limitations.

Perhaps immodestly, through exposing students to reflective practices, we hope to influence the culture of learning at our institution, to make space for questioning, uncertainty, and, in poet John Keats's term, "negative capability." Medical students are used to expecting right and wrong answers. They are used to expecting *answers.* When questions are posed, they frequently react defensively, afraid that their instructor is interested in embarrassing them by highlighting the limits of their knowledge, rather than understanding that, in reflective practice, their teachers are asking questions because they themselves are uncertain about the answers.

Students coming to medicine from biological and other science majors can be uncomfortable with reflection and sometimes may question its value. These attitudes stem primarily from lack of familiarity with such activities and a pervasive discomfort with ambiguous, uncertain situations. By creating a supportive, nonjudgmental, trusting context that encourages curiosity and exploration, most students become excited when presented with an opening to think about their experiences and the experiences of their peers. The focus

of this reflective work is not on evaluation (reflective learning activities are not graded), but we encourage critical thinking and reasoning in our learners. The whole point of reflection is not to be satisfied with initial impressions, assumptions, and conclusions but to dig deeper to discover nuance, complexity, and moral ambiguity.

These reflective activities comprise a very small part of the overall medical school curriculum at UC Irvine. But because they are diverse and spread across all four years and because they are designed to build on prior exposure, the MH program provides serious training for students in the skills of reflection. We believe this curriculum offers an alternative to lecture-based, multiple-choice, test-directed learning. As a result, we hope that our students graduate with certain habits of mind that give them greater self-awareness and insight; sustained ability to understand patient stories and how they intersect with their own stories; sensitivity to the role of both their own and others' emotions in medicine; and attentiveness to how clinical interactions are part of a larger sociocultural fabric that often makes unwarranted assumptions about vulnerable, marginalized others. We will have succeeded in educating reflective practitioners when our students embrace the cultivation of phronesis, the practical wisdom needed to interpret and guide their daily clinical interactions.

NOTES

1. Johanna Shapiro, Deborah Kasman, and Audrey Shafer, "Words and Wards: A Model of Reflective Writing and Its Uses in Medical Education," *Journal of Medical Humanities* 27 (2006): 231–44.
2. Hedy S. Wald et al., "Fostering and Evaluating Reflective Capacity in Medical Education: Developing the REFLECT Rubric for Assessing Reflective Writing," *Academic Medicine* 87 (2012): 41–50.
3. Arnold K. Kumagai, "Perspective: Acts of Interpretation: A Philosophical Approach to Using Creative Arts in Medical Education," *Academic Medicine* 87 (2012): 1138–44.