

REFLECTIVE WRITING POINTS FOR PRESENTATION

What does reflection have to do with clinical medicine?

Medicine is a practice profession, not a reflective profession; doctors are doers, not philosophers

But patient care involves interactions between humans, and this involves complexity, ambiguity, uncertainty, and error.

To mitigate unintended harm and to maximize beneficial potential, reflection is a useful tool.

Why reflective writing? Reflection can certainly involve mere contemplation, but writing offers dimensions of cognitive organization and emotional processing that may represent an improvement over simply “thinking about things.”

What is reflective writing?

Beyond description (this happened, then this happened), it engages in meaning making

It is not writing an opinion essay; rather it is personal writing that tells a story; while based in an illness-related event, it yields insights not primarily biomedical in nature

Elements of reflection: 1) some degree of elaborating on or *interrogating one's own experience* 2) has a purpose: *need to “work out” an issue or felt difficulty* arising from experience; working out has analytical dimensions such as *puzzling over an experience; not seeking closure necessarily, but broader openness to additional possibilities* 3) mental processing of issues for which there is no obvious solution; often provokes 4) *transformative action, either physical, or adopting a new attitude or changed thinking; transformative action is necessary to move reflection from self-congratulation to recognition of the need for ethical action; transformative action also shifts reflective practice from a solitary act to a social one*

Reflective writing involves review and interpretation of experience to achieve deeper meaning and to guide future behavior

Question original assumptions: *It attempts to question original interpretations by considering them from different perspectives; it should stimulate critical thinking and perhaps in the spirit of pedagogy of discomfort, make the writer question herself and her previous assumptions and attitudes*

Recognition of emotions: Reflective writing also focuses not only on events and actions, but on the feelings of the story's actors for the purpose of first identifying emotions in self and others, then more deeply understanding them and becoming aware of how they influence dynamics between doctors and patients

Unanswered questions: Reflective writing poses questions that are not definitively or completely answered. In other words, the writer may have reached resolution and found answers, but likely as not may have more questions.

Epiphanic or confirmatory: Reflective writing can either be transformative (resulting in epiphanic new insights and understanding) or confirmatory (validating previously held beliefs and values)

Writing for learning vs. writing for publication: Reflective writing from an educational perspective vs. reflective writing for professional/publication reasons have different goals; both types of writing must be engaged in with special care to protect the anonymity, privacy, and confidentiality of patients

Reflective writing should primarily focus on the author, as a way of understanding oneself more deeply; but inevitably patients and their family members will become characters in these stories. There is an inevitable synergy between trying to understand self and trying to understand the other.

Even if only for teaching purposes, it is important to write with respect and care about patients; to consider how patients would feel if they read what was written; and if feasible to give them a chance to share their perspective. Reflective writing should acknowledge the unbalanced power dynamic between doctors and patients, even between medical students and patients

Writing about oneself: Reflective writing should promote self-understanding and self-examination, not self-justification, self-aggrandizement and self-congratulation

Avoid the formulaic, the expected: Must avoid formulaic approach so that reflective writing does not become a tool of control and orthodoxy. *Overly regulated practice leads to a kind of self-surveillance in which students are encouraged to conform to certain set standards – reduces authenticity. Formulaic narrative arc – “Disliked the patient/heard her story/feel compassionate toward patient.”*

New insights, greater awareness of story, reduced burn-out: At its best, reflective writing can provide new insights into patient behavior and one’s own behavior; develop increased sensitivity to the patient’s story and how it might intersect with the physician’s story; increase empathy for patient and family; enhance values clarification and explore professional identity; it can also promote student wellbeing by reducing moral distress and burn-out and by building community through the sharing of such writing with peers.