

INTRODUCTORY REMARKS ON REFLECTIVE PRACTICE

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Medicine is a practice profession, based on knowledge, attitudes, and skills that are used by one group of human beings (doctors), to interact with another group of human beings (patients) for the purpose of treating the latter's illnesses and alleviating their suffering. As a practice profession, medicine requires two elements: "doing" and "being." By doing, I mean all the innumerable daily actions in which physicians engage: taking a history and doing an examination, prescribing medication, performing a procedure, completing paperwork, even using a communication skill like asking open-ended questions. By being, I mean the ability to be fully and compassionately present with patients, even in difficult situations when the physician is tired, or frustrated, or sad, or helpless, or angry. In my mind, being is a lot like having simultaneous empathy for both the patient and oneself on an ongoing basis.

Clearly, in medicine, both doing and being are important. As clinicians, we need to know how and when to act with the patient, how and when to simply be with the patient, and how and when to be engaged in both simultaneously. Unfortunately, both doing and being can be executed in an unskillful, rote, or mindless manner. In terms of doing, we can all think of the resident whose inexperience at doing a pap smear results in wasted time and increased suffering for both him and his patient; or the resident who mechanically provides education to a newly diagnosed diabetic patient without stopping to determine whether her words have meaning or make sense to this person. Similarly, when learners try to be present with a patient absorbing a difficult diagnosis, or experiencing a grievous loss, often they simply project their own assumptions and feelings onto the patient under the guise of empathy; or they are unable to be with the patient because of the clutter of their own negative reactions, feelings of burn-out, or other internal or external distractions.

How does one learn to develop more skillful ways of both doing and being? One good way is through reflection, that is, encouraging awareness of what is happening both while it is happening and after it has happened. Reflection on doing and being can operate on many levels. For example, reflection can be a somewhat technical process that primarily involves cognitive rehearsal of a specific skill, whether this means mentally reviewing how to perform a colposcopy or how to ask an open-ended question. When we mentally "imprint" new behaviors in this manner, we develop both familiarity and confidence, as well as gain new ideas for more effectively executing the behaviors that can then be tested in real-life clinical situations. We also become "closer" to the procedure or skill, in the sense of "owning" or "internalizing" it. Surgeons such as Richard Selzer have eloquently described this phenomenon.

Reflection may also emphasize deepening our insight and understanding of doing and being. When we think reflectively about a particular interaction or event, we often come to see it in a different light, or from a different point of view. This type of reflection is learning to ask ourselves in the moment, and after the moment, questions like these: What is going on here? What would the patient say is going on here? What does it feel like in

here? How does the patient feel in here? Why is this going on here? By considering what we know about patients and about ourselves, and by remaining open to new possibilities and surprises, we are better able to place our doing and being in the context of the patient's needs and desires.

Finally, there is a moral/spiritual dimension to reflection that is particularly relevant to how we choose to "be" with our patients. Reflection in and on practice is one of the few ways we have of examining whether we are being the kind of doctor/healer we claim we want to be. In other words, are our daily behavior and attitudes toward patients in line with our personal values and beliefs?

Randy asked me to briefly address how I got interested in reflective practice in the first place. Basically, I think it's because I'm a pretty "mindless" person by nature. In my family of origin, an essential survival skill was to speak as often and as long as possible. Unfortunately, I still tend to speak without thinking, talk without listening, be self-centered rather than other-centered. People say we study that which speaks to our deepest psychological needs. I needed the centering quietude of reflection, and as a result became a student first of Buddhism and later of psychology, both of which, in different ways, helped me become a little less noisy and reactive, a little more present and aware.

Although our intentions as health care providers are generally beneficent, doing or being without reflection can cause harm and suffering to our patients. The Buddha makes this point when he talks with his disciple Rahula:

"What do you think, Rahula:
What is the purpose of a mirror?"
"Reflection is its purpose, sir."
In just the same way, Rahula,
Deeds should be done,
Either physical, verbal, or mental,
With continual reflection.

"Whenever, Rahula,
you are wanting to do a deed,
you should reflect in this way
upon that deed:

"This deed I am wanting to do,
would it incline to the harm
of myself, of another, or of both?
Is it an unhealthy deed,
The consequences of which will be suffering?"

People and their illnesses frequently do not behave as we expect or want them to do. Through reflection, we can recognize these "surprises," and work with our actions and attitudes accordingly. Ongoing reflection helps us become more mindful, more present,

more alert, and more attentive. It helps us cultivate a compassionate curiosity, an imaginative empathy toward ourselves, our patients and our experiences together. Out of a reflective process can emerge important insights about how to take actions and be with patients in ways that truly promote healing and reduce suffering.

"The Reflective Practitioner: Between Reflective Inaction and Mindless Practice"

Reflective practice embraces the concepts of awareness, learning by doing, tacit knowledge, integration of theory and practice, systemic problem-solving, curiosity, improvisation and attention to surprise, reflection-on-action, and reflection-in-action. The "best physicians" are reflective practitioners, able to balance the use of evidence-based and experience-based knowledge and avoid the extremes of irrelevant, unproductive rumination on one hand and blind, protocol-driven practice on the other. The purpose of this Theme Day is to introduce the audience to the concept of reflective practice as a scholarship of practice and to showcase exemplary methods for invoking reflective practice in medical students and resident physicians.

Developing Reflective Practitioners:Rediscovering Experience-based Approaches (in an "Evidence-based" World)

To develop reflective practitioners, we need to rediscover experience-based approaches in an "evidence-based" world. Reflective practitioners appropriately use evidence-based and/or experience-based approaches for different tasks in the clinical encounter, depending on the context and needs of patients. However, given the preoccupation with evidence-based approaches, experience-based approaches are undervalued or even devalued in education and clinical practice. This theme day will address this deficiency in our professional training. Experience-based approaches can improve the quality of the process and outcome for both practitioners and patients.

TITLE: Reflective Practice: Cultivating the Heart and Mind of Medicine

ABSTRACT: Reflective practice is the ability to translate moment-by-moment awareness of the complex interactions among technical, psychosocial, cultural, and spiritual dimensions of the doctor-patient encounter into meaningful alterations in physician behavior. As such, it is believed by some to be what distinguishes the master clinician from the competent technician. This theme day will overview the relationship between reflective practice and the daily workings of family physicians, then provide a comprehensive sampling of experience-based approaches that systematically develop these skills in learners and practicing physicians.