

The Value of Reflective Practice in Medical Student Education: The Tale of Two Institutions as a Guide for Development of Your Own Reflective Practice Program

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Workshop Goals:

1. Define reflective practice and its relevance to medical student education
2. Identify strategies to integrate reflective practice in medical student education
3. Develop skills to create and assess a reflective writing exercise
4. Develop a plan to incorporate reflective practice at your institution

Outline:

1. Introduction to workshop/definition of Reflective Practice
 2. Integration of Reflective Practice in Medical Student Education – examples
 3. Reflective Writing Exercise
 4. Next steps: Worksheet to plan a reflective practice curriculum
 5. Summary/evaluation
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Definitions

Reflective Practice

Reflective practice “is provoked by an event in one’s life that arouses a state of doubt, perplexity or uncertainty, and leads the individual to search for possible explanations or solutions”.

(John Dewey. How We Think. Boston: Heath 1933)

“Reflective practice occurs when physicians engage themselves in critically thinking about their own professional activities, thereby analyzing own decisions and reasoning”

(Silvia Mamede, Henk Schmidt. Correlates of Reflective Practice in Medicine. Advances in Health Sciences Education (2005) 10:327-337)

Mindful Practice

“Mindful practice is a logical extension of the concept of reflective practice.....The goals of mindful practice are to become more aware of one’s own mental processes, listen more attentively, become flexible, and recognize bias and judgments and thereby act with principles and compassion”

(Ronald Epstein. Mindful Practice. JAMA vol. 282, no 9. 833-839)

Narrative Medicine

“Narrative competence is the competence that human beings use to absorb, interpret and respond to stories...that enables the physician to practice medicine with empathy, reflection, professionalism and trustworthiness”

(Rita Charon. Narrative Medicine JAMA. Vol. 286, no. 15 1897-1902)

University of Michigan Medical School Reflective Practice

As with many other medical schools, the University of Michigan Medical School has made on-going efforts to implement a sociocultural curriculum that achieves many LCME directives. Our curriculum was designed to be longitudinal so as to easily introduce new aspects of cultural diversity in medicine and culturally competent health care delivery at the most appropriate stages of our learners' education. As part of a major curriculum revision in 2003, we incorporated sociocultural education in several different venues. Lectures and small group activities related to working with diverse populations are incorporated in the clinical skills course- Clinical Foundations of Medicine (physical diagnosis) and the Longitudinal Case Studies course (LCs) during the first two years.

During the 2008-2009 academic year, the University of Michigan began a pilot longitudinal eportfolio. It was developed to assess learning in the sociocultural curriculum for over 165 first-year medical students at the medical school. Careful instructional design and computer programming was needed to enhance the existing eportfolio format to accommodate a longitudinal curriculum thread. Student contributions to the eportfolio were assembled from all pertinent aspects of the curriculum. There was a total of 7 first-year artifacts added to their portfolio and included items such as an initial identity essay, reflections on a variety of small group learning activities, and Sociocultural Attitudes in Medicine Instrument (SAMI), and a final reflective essay. The final essay assignment asked students to explore their personal development in sociocultural medicine and demonstrate growth in this area. The assignment specifically stated that students should refrain from recapitulating listing previous assignments but discuss feelings and changes in attitudes, if any, over the course of the year.

A PDF scoring sheet for this reflective essay will be available at the workshop.

Reflective Practice at the Cleveland Clinic Lerner College of Medicine (CCLCM)

A PDF of the article “Reflective Writing in the Competency-Based Curriculum at the Cleveland Clinic Lerner College of Medicine” is available at <http://xnet.kp.org/permanentejournal/Anthology/ReflectiveWritingCompetencyBasedCurriculumClevelandClinicLernerCollegeMedicine.pdf>

Standards for Reflective Practice Competency CCLCM

Demonstrate habits of analyzing cognitive and affective experiences that result in identification of learning needs leading to integration and synthesis of new learning.

1. Interprets and analyzes personal performance using feedback from others and makes judgments about the need to change.
2. Identifies gaps in performance and develops and implements realistic plans that result in improved practice.

Reflective Writing at CCLCM

1. Portfolios (all years)
2. Patient logs (all years)
3. Professionalism Seminars (years 1-3)

Portfolios

Students in our medical school do not earn grades. They are responsible for constructing written portfolios to document their achievement of the nine competencies (above) throughout the five-year program. Every student writes a series of essays reflecting their progress toward the specific standards that are outlined for each respective competency. They cite evidence to support the conclusions they have drawn from items produced and the feedback on their performance. These formative portfolios are completed at set times during the year with a summary portfolio at year-end to demonstrate meeting the competency standards required to pass that academic year.

Patient Logs

First-year students are assigned to a primary care faculty preceptor for a two-year longitudinal clinic with a focus on initiation to the profession and learning basic interviewing and physical examination skills. After seeing four patients during a clinic session, students create a “patient log” for each encounter. In addition to patient demographics and diagnoses, students summarize the encounter, identify learning issues, and reflect on other issues raised in their mind. This first opportunity for reflection on patient interactions is meant to be “real time” and is completed by end of clinic day. Faculty provide comments on the interaction and the student’s observations. The creation of patient logs continues throughout all clinical rotations, although in years three to five only a subset of logs are reviewed by faculty.

Professionalism Seminar Topics / Reflective Writing Assignments

Small group seminars focusing on the patient perspective, professionalism, communication skills and other related topics begin in the second year and continue at regular intervals throughout the curriculum. These sessions include background reading and assigned reflective writing which is submitted electronically and commented on by faculty electronically.

Some examples we have used follow:

Health Care Reform

The Charter on Medical Professionalism <http://www.annals.org/cgi/reprint/136/3/243.pdf> outlines several principles (patient welfare, social justice) and responsibilities (improving quality of care, just distribution of finite resources, improving access to care) that relate to current health care reform debate. The articles by Gawande and Relman speak to problems with the traditional fee-for-service system of U.S. Health Care that have the potential to conflict with the charter. Reflect on your clinical experiences to date. Have you seen examples of the charter principles and responsibilities at their best? Have you seen of clear conflicts with the charter? Write a paragraph on either of these questions or any other issue related to health care reform in the context of patient care of interest to you.

Health Literacy

Functional health literacy implies the ability to navigate the health care system and understand health related information related to medications, tests, educational information, appointments, etc. Limited functional health literacy is linked to suboptimal outcomes for chronic diseases (see required reading). What has been your experience with health literacy? Have you seen patients who have had difficulty navigating the medical system? Has their care been affected? Choose one of the following:

- 1. Write a paragraph about a situation you were involved with where limited health literacy affected the care of the patient.*
- 2. Write a paragraph in “the voice of the patient” for a patient you’ve seen where limited health literacy was an issue.*
- 3. Write a paragraph about any aspect of health literacy that has impacted you.*

Delivering Bad News

Read the article “[Missed Opportunities for Interval Empathy in Lung Cancer Communication](#)”, a sobering look at missed opportunities for physicians to demonstrate empathy when talking to patients about cancer. Have you had any experience talking with patients about cancer or another “bad diagnosis”? If not, have you witnessed such discussions? How should the physician balance empathy with medical information? Write a paragraph reflecting on one of these questions or any aspect of this topic you find interesting or meaningful to you.

The Difficult Patient Encounter

Read the essay “[Mining for Gold](#)” in which a general internist reflects on her search for a positive experience in a relationship with a patient she finds difficult to care for. What have you found to be the challenging encounters thus far in your career? What coping mechanisms have you learned? Write a brief response to these questions or anything else you find interesting in this essay.

“Practicing Medicine without a Swagger”

*In the Hospital, a Degrading Shift From Person to Patient. NY Times August 16, 2005.
Horn M. The other side of the bedrail. Annals of Internal Medicine vol. 130, no 11, pages 940-1,1999*

Reflect on your experience thus far as a physician in training that has given you insight into the patient's experience of the medical system

Humor in Medicine

Sobel RK. Does Laughter Make Good Medicine. NEJM 2006; Vol. 354: 1114-1115 Discuss situations where you have witnessed humor that has been directed toward patients. Did you participate? How did you feel in the moment? Afterwards?

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1. John Dewey. How We Think. Boston: Heath 1933
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4. Rita Charon. Narrative Medicine JAMA. Vol. 286, no. 15 1897-1902