Reflective writing – how a medical student can reflect?

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Abstract

"Reflective Writing" is an analytical practice in which the writer describes a real or imaginary scene, event, interaction, passing thought, memory, form, adding a personal reflection on the meaning of the item or incident, thought, feeling, emotion, or situation in his or her life. This review was done with the aim to inform and support the production of reflective writing for community-based learning among medical students and enhance student experience modules. There are several types of reflective cycles and the article discusses some of the most widely accepted forms of reflective writing cycles like

➢ Gibb's Reflective cycle
➢ Kolb's Reflective cycle
➢ Rofle's framework for Reflective Practice
➢ John's Reflective Cycle

The advantages and disadvantages of reflective writing and the student feedbacks about the clinical posting at the Department of community medicine during their third semester and the implementation ATCOM module was presented in this review paper. Intention of this article is to initiate awareness of the purpose of reflective writing among the medical students and impart this method of learning as part of medical education. Reflective writing requires practice and constant intrinsic motivation from oneself.

Introduction

"Reflective Writing" is an analytical practice in which the writer describes a real or imaginary scene, event, interaction, passing thought, memory, form, adding a personal reflection on the meaning of the item or incident, thought, feeling, emotion, or situation in his or her life.[1]

Reflection is a form of personal response to experiences, situations, events or new information. It is a processing phase where thinking and learning takes place. There is neither the right nor wrong way of reflective thinking; there are just questions to explore.[2]

Reflective writing is	Reflective writing is not
1. Your response to experiences, opinions, events or new information	1. Just conveying information, instruction or argument
2. Your response to thoughts and feelings	2. Pure description, though there may be descriptive elements
3. A way of thinking to explore your learning	3. Straightforward decision or Judgment (e.g. about whether something is right or wrong, good or bad)
4. An opportunity to gain self-knowledge	4. Simple problem-solving
5. A way to achieve clarity and better understanding of what you are learning	5. A summary of course notes
6. A chance to develop and reinforce writing skills	6. A standard university essay
7. A way of making meaning out of what you study	

There are various types of reflective writing assignments[3]

Journal: requires you to write weekly entries throughout a semester. May require you to base your reflection on course content

Learning diary: similar to a journal, but may require group participation. The diary then becomes a place for you to communicate in writing with other group members.

Log book: often used in disciplines based on experimental work, such as science. You note down or 'log' what you have done. A log gives you an accurate record of a process and helps you reflect on past actions and make better decisions for future actions.

Reflective note: often used in law. A reflective note encourages you to think about your personal reaction to a legal issue raised in a course.

Essay diary: can take the form of an annotated bibliography (where you examine sources of evidence you might include in your essay) and a critique (where you reflect on your own writing and research processes).

Peer review: usually involves students showing their work to their peers for feedback.

Self-assessment: requires you to comment on your own work.

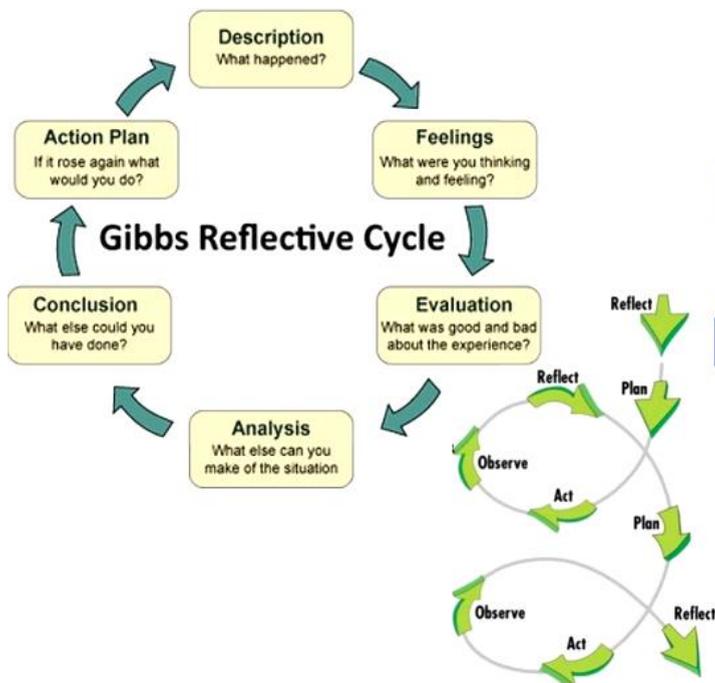Research studies have already emphasized about the need and importance of reflective writing practices

among medical education curriculum. Hence, we have taken initiatives with an aim to find the emotional effects of reflective writing interventions on medical students as a part of their curriculum.

Reflective Cycle

There are various types of reflective cycles. They help us with reflective writing by giving a clear idea on how an event or an exercise should be explained and written.
They include:
➢   Gibb's Reflective cycle:
➢   Kolb's Reflective cycle:
➢   Rofle's framework for Reflective Practice:
➢   John's Reflective Cycle:

GIBB'S Reflective Cycle[4]

"It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be generated. And it is generalisations that allow new situations to be tackled effectively.' (Gibbs 1988)

Gibb's Reflective cycle (1998) is one of the commonest theoretical model of Reflection. It is very much clear in allowing the practitioner to think and understand all the stages or phases of an experience or task. Not only allows the practitioner to make sense of their experience, it also gives a chance to correct mistakes and make betterment in the next exercise.
The diaphragmatic representation of the cycle is under as follows:
It includes SIX Stages/Phases:
*   **Description:** This phase entirely states with the full information on the event in our own Language.
*   **Feelings/ Thoughts:** At this stage, one has to reveal his/her own thoughts and create awareness, No matter good or bad, about the event.
*   **Evaluation:** One of the very important stage in which the person comes to a decision and starts evaluating. At this stage, the person can rate or judge about an event.
*   **Analysis:** It is more or less same as that of the Evaluation phase. By evaluation, we can get a clear analysis on the event.
*   **Conclusion**: At this phase, we get a clear idea about the DO'S & DON'T'S on the event.
*   **Action Plan**: At the end, after knowing the clear context of the event we can make an action plan for the betterment of the next session by applying different innovative ideas.

KOLB'S Reflective Cycle[(5)]

This cycle consists of **four stages** and **two axeses.**

Stage 1: Concrete Experience: We have a lot of experiences in our daily life. A person can start this cycle at any point of his life time based on his experience.

Stage 2: Reflective Observation: This stage is where a person thinks about his experience and it leads to some changes.

Stage 3: Abstract Conceptualization: Reflection gives us some ideas whether to modify or implement the existing concept in our life.

Stage 4: Active Experimentation: Finally, this stage concludes and leads to implementation of ideas in our activities.

The two Axeses includes:

Processes Continuum: Our approach towards a situation.

Perception Continuum: Our thinking and feeling.

All the Four stages of this cycle are interconnected to each other. A person can enter any stage of the cycle at any time. But it does not lead to an effective reflection in life. Once all the four stages are involved, Effective learning or writing is appreciated.

ROFLE'S Framework for Reflective Practice[(6)]
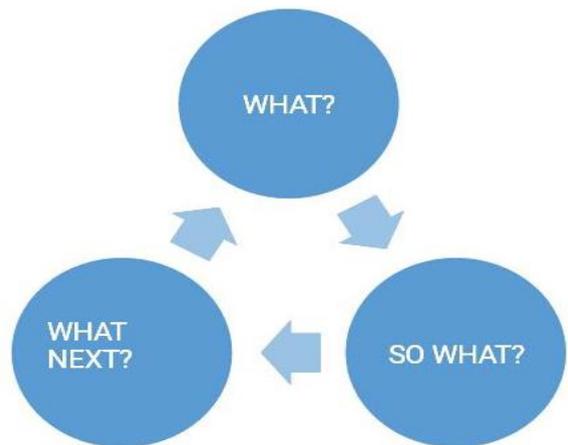
It is the simplest cycle and it consists of three simple questions which easily leads to an action plan. Three questions are stated below:

What?: This stage is nothing but the stark description of what happened and the experience you like to analyse.

So What?: After the analysis, you should ask yourself what the situation is and this will lead to our own interpretations. It's advisable to take consult from your colleagues and from literature.

What Next?: From your frame of reference, you can conclude an action plan which can improve your practice more favourable in the upcoming events.

John's Reflective Cycle[7,8]
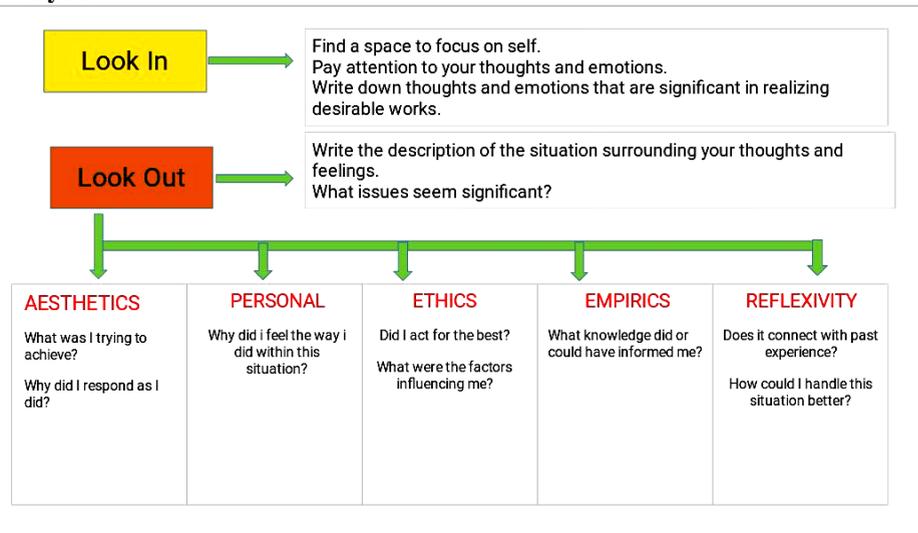
John's model of Reflection was developed for Nursing practitioners but is applicable to any fields.

The "**Looking in**" and "**Looking out**" is a way of challenging our natural tendency to judge ourselves too harshly.

Like the phases of gibb's cycle, John's hold five cue questions which include:

- Aesthetics
- Personal
- Ethics
- Empirics
- Reflexivity

Certain questions arises under the above said concepts

1.	Aesthetics	What I was trying to achieve? Why did I respond as I did?
2.	Personal	Why did I Feel the Way I did within this Situation?
3.	Ethics	Did I act for the best? What features were Influencing me?
4.	Empirics	What Knowledge did or could have informed me?
5.	Ethics	Does it connect with Past experiences? How could I handle this situation better?

Advantages & Disadvantages of Reflective Writing[9]
Advantages

- It improves Our Own Self awareness on the strength and limitations of the event.
- It helps in setting innovative betterment ideas than the previous session.
- It increases our own thinking ability and gives us a platform for gaining knowledge and information.
- One can analyze his own self thought and actions.

- With the help of reflective cycle, one can write a efficient reflective writing which helps in professional activities by skill development

Disadvantages

- May become more introspective and anxious.
- Lack of experience can affect Reflection.
- Need to recognize when help is needed and how to get it.

Discussion

1. **Reflective Practice and Metacognition**: There are many reflective cycles as discussed above. Each has its own significance in Metacognition. "**Metacognition**" is nothing but the awareness or analysis of one's own learning or thinking processes. The phrase metacognition was termed byan American developmental psychologist John H. Flavell in 1979, and the theory developed throughout the 1980s among researchers working with young children in early cognitive stages. Metacognition is defined in simplest terms as "thinking about your own thinking." The root "meta" means "beyond," so the term refers to "beyond thinking." Specifically, this means that it encompasses the processes of planning, tracking, and assessing your own understanding or performance.[10] Metacognition can always be developed in medical students in the context of their current goals and enhance their learning as well as transfer of learning, irrespective of their starting achievement level.[11,12] There are four general aspects of teaching metacognition: like Promoting general awareness, Improving awareness of cognition through modeling, Improving regulation and applications of cognition and Fostering environments that promote meta-learning. The fourth learning domain is meta cognition with knowledge, attitude and skills being the first three domains. Research has shown that

for learning disabled and low achieving students, metacognitive training can improve behavior more effectively than traditional attention control training.[13] It holds several implications for instructional interventions, such as teaching students how to be more aware of their learning processes and products as well as how to regulate those processes for more effective learning, which is the ultimate objective of reflective practice.

2. **Reflective Cycles Comparison:** Not all the reflective cycles are the same, each differs with its phases & questions from each other. In the case of Gibb's, Kolb's and Rofle's cycle, all the stages are interconnected to each other whereas Honey and Mumford learning style and John's reflective cycle fails in this aspect. It would be better in building up reflective writing if all the stages of the reflective cycle are interconnected and also it would be easy for the person to conclude with an Action plan for the next upcoming Event. Anyhow, honey and Mumford gives a clear idea with its individual concepts. And also the questionnaires of John's cycle help us to estimate our own thoughts. Gibb's reflective cycle is most commonly practiced. All the models help you engage in the process of reflection. There is no right one. It is important you choose the framework that feels most comfortable for you and best assists you in learning from your experiences.

3. **How effectively a medical graduate gets benefited by Reflective Writing?:** In professional courses like medicine, reflective writing acts as a tool in developing personal skills. Not only in skill development, it also helps a medical graduate in explaining his day to day experiences with the patient in an effective way, so that he would find a better action plan. By reflective writing, the medical graduate would correct his mistakes if done and learn new information. For example, if the flaw lies in communication with the patient, he/she can analyse it with the help of a reflective writing and develop his/her own communication skills and could make the Doctor patient Communication an effective one. We all know that the ultimate objective of any doctor patient communication is to improve the patient's health and medical care. This states the significance of reflective writing in the life of a medical graduate. Along with this significance, it also helps in improvising the quality of medical programs like Continuing Medical Education (CME) which plays a crucial role in medical graduate's career. As stated before, with the help of reflective writing, a Medical graduate is immensely benefited throughout his entire career.

Reflective narration of community medicine department's doctor-patient communication – ATCOM (Attitude and Communication Module Implementation)

"This writing is totally based on Experience with my first Community Medicine posting from 12th October to 11th November. After passing first year Exams, I was excited entering into the second year and especially interested in clinical postings. On the first day of college, me along with my thirteen other friends were posted in community medicine. Initially, we are upset by coming to know that we cannot go for clinical's. But at that time, I had no idea that my SPM Postings would be this much interesting as that of clinical's. At the first class, H.O.D. Sir, Dr. A. Balaji gave introduction about Community Medicine and he also informed us about the "Communication skill Programme" planned by the department since 3 months. At first hearing this, I was wondered! It was totally new to me because I have never attended programmes like this before. Then, after seeing the schedule put up on the notice board, I came to know about the activities planned for students based on Doctor -Patient communication. On the very next day, we had a lecture on Communication skill by Professor Dr. Shree T. Sucharita Madam. From that lecture, we got a clear idea about the basic norms and also the importance of Communication skill in personal life. After the Lecture, we had a discussion based on it, in which all faculties made us comfortable in communicating. Then, we, fourteen of them are divided into three groups and each group was allotted a task /activity. We are guided and helped by the faculty's in-charge. The first activity was video presentation and explanation by the first group on 21st October guided by Dr. Shree Madam. From that presentation, we learnt how an effective Doctor patient communication should be. Immediately after that, we had a good discussion in which the faculties gave us enough space to express our views. This gave us a good feel and we are encouraged to do many such activities. The second activity was Role play on Doctor - Patient communication, held on 24th October guided by Dr. Madhan kumar Sir and Dr. Sowmiya Madam. The Act highlighted the Do's and Don'ts in Doctor - Patient communication. The ideal and non - ideal situations were clearly portrayed. The team got huge appreciation from the whole department. Even the students apart from those engaged in the activity was given chance to play a role during the discussion. This activity was fun-filled and really helpful. The third one was check list preparation. This was guided by Professor Dr. Sowmiya Madam. We were given enough time and checklist was re-corrected. After finalisation, we were taken to RHC, Kelambakkam for observation. We just made ready of the checklist soon after the observation. On the next day, 27th October, we had an effective discussion on it. From this, we clearly understood on how we, the budding doctors, should evolve and communicate well to the patients during clinical practice. From the Entire posting, we are greatly benefited. Each and every tasks made us efficient in communication. I am really thankful for the entire department for their Innovative work and support towards us. Eagerly looking forward for another wonderful experience like this."

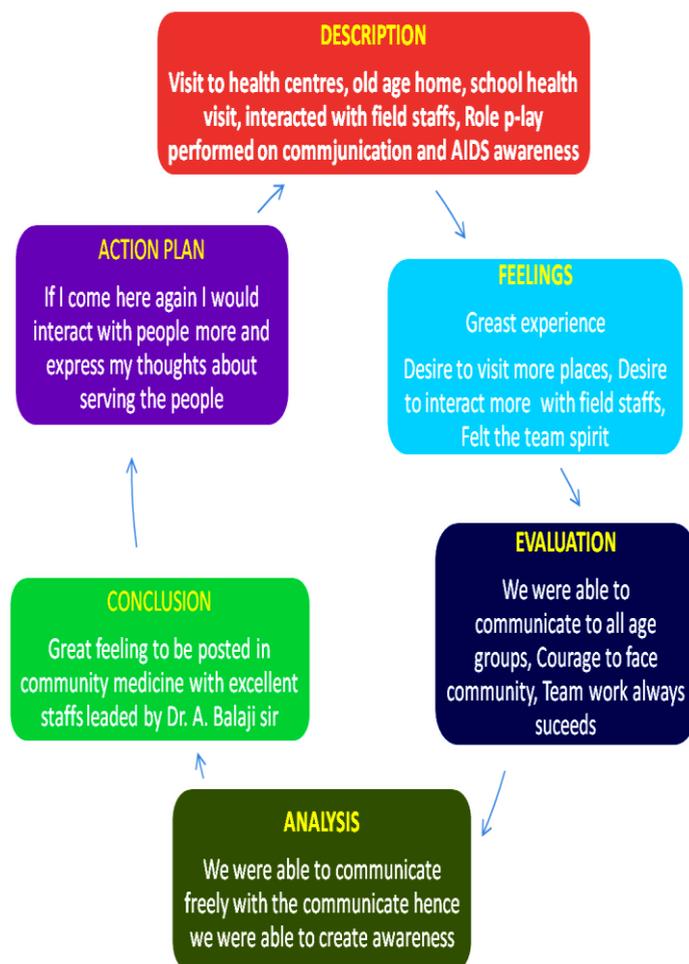**By Vishali Narayanan, Second year MBBS Student**

Fig. 1: Showing the Reflective cycle of the second year MBBS student

By **Retheeshwaran, Second year MBBS Student**

Conclusion

Intention of this article is to initiate awareness of the purpose of reflective writing among the medical students and impart this method of learning as part of medical education. Reflective writing requires practice and constant intrinsic motivation from oneself. Practice reflecting writing on the same event /incident through different people's viewpoints, disciplines and circulating those ideas among a group of individuals who take initiatives to improvise strong technical and interpersonal skills will significantly impact patient outcomes. Deepening student's reflection through reflective writing with the help of others through discussing issues with individuals and groups, getting the points of other faculties will also enhance teacher-student relationship. Discussions on "Always reflect on what you have learnt from an incident, and how you would do something differently another time" and motivating students gives better outcome measures which was done in our study.

References

1. https://en.wikipedia.org/wiki/Reflective_writing Last accessed on 10 July – 2017.
2. https://student.unsw.edu.au/reflective-writing Last accessed on 10 July – 2017.
3. https://student.unsw.edu.au/examples-reflective-writing Last accessed on 10 July – 2017.
4. https://hhs.hud.ac.uk/lqsu/Sessionsforall/supp/Gibbs%20 1988%20reflective%20cycle.pdf
5. DENNISON, Paul. Reflective practice: The enduring influence of Kolb's Experiential Learning Theory. Compass: Journal of Learning and Teaching, [S.l.], v. 1, n. 1, Nov. 2012. ISSN 2044-0081. Available at: https://journals.gre.ac.uk/index.php/compass/article/view/ 12/28. Date accessed: 10 July 2017. doi: http://dx.doi.org/10.21100/compass.v1i1.12.
6. Rolfe. G., Freshwater. D, Jasper. M (2001). Critical reflection in Nursing and the helping professions: A user's Guide. Basingstoke: Palgrave Macmillan. https://my.cumbria.ac.uk/media/ReflectiveModelRolfe.pd f Last accessed on 10 July – 2017.
7. http://skillsforlearning.leedsbeckett.ac.uk/preview/content /models/04.shtml Last accessed on 10 July – 2017.

8. Johns, C. (2000) *Becoming a Reflective Practitioner: a reflective and holistic approach to clinical nursing, practice development and clinical supervision*. Oxford: Blackwell Science.

9. https://www.shotuk.org/wp-content/uploads/2010/03/Reflective-learning-and-SHOT.pdf last accessed on July 10th – 2017.

10. https://www.learning-theories.com/metacognition-flavell.html last accessed on July 10th – 2017.

11. Schmidt, A. M., & Ford, J. K. (2003). Learning within a Learner Control Training Environment: the Interactive Effects of Goal Orientation and Metacognitive Instruction on Learning Outcomes. Personnel Psychology, 56(2), 405–429.

12. Ford, J. K., Smith, E. M., Weissbein, D. a., Gully, S. M., & Salas, E. (1998). Relationships of goal orientation, metacognitive activity, and practice strategies with learning outcomes and transfer. Journal of Applied Psychology, 83(2), 218–233.

13. Larson, K. a., & Gerber, M. M. (1987). Effects of Social Metacognitive Training of Enhanced Overt Behavior in Learning Disabled and Low Achieving Delinquents. Exceptional Children.