

The Pros and Cons of Reflection

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Spring Symposium 2017

Why are you here?

I DON'T KNOW.
AND NEITHER DO YOU.
EVEN IF YOU THINK YOU
DO.

Aims of the session

- To consider how our trainees experience “reflection”
- To look at some underpinning educational theory
- To share experience and practice
- To argue, disagree and come to differing conclusions

Meaningful Reflection?



What do you see?



Some theory...

- **Behaviourism**

(empiricism)

- **Constructivism**

(relativism)

Behaviourism



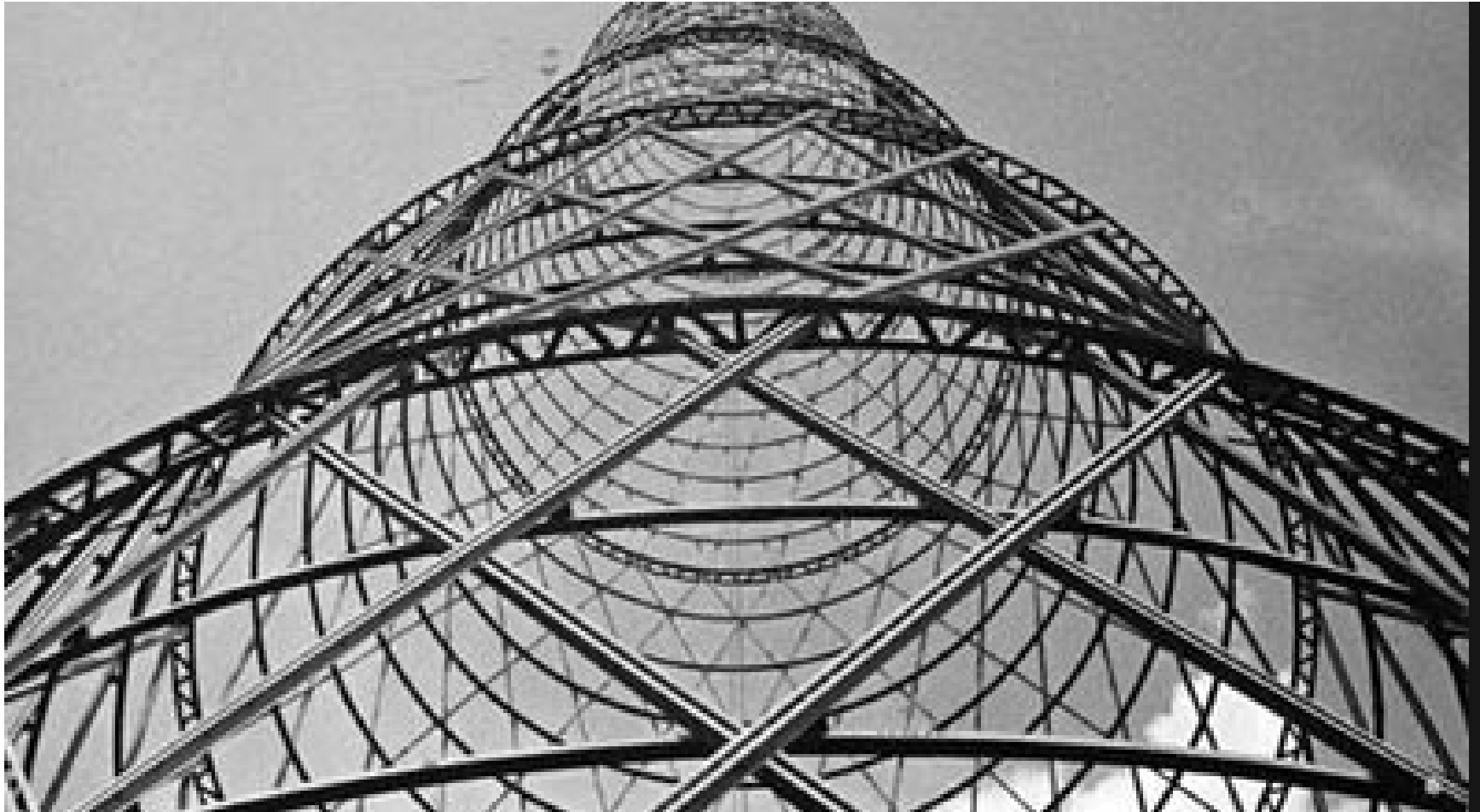
Behaviourism

- Associative learning
- Reinforcement: Punishment / Reward
- Conditioning (Skinner)
- Aim is behavioural change: “Learning as product”

What do we do that uses a
behaviourist model?



Constructivism



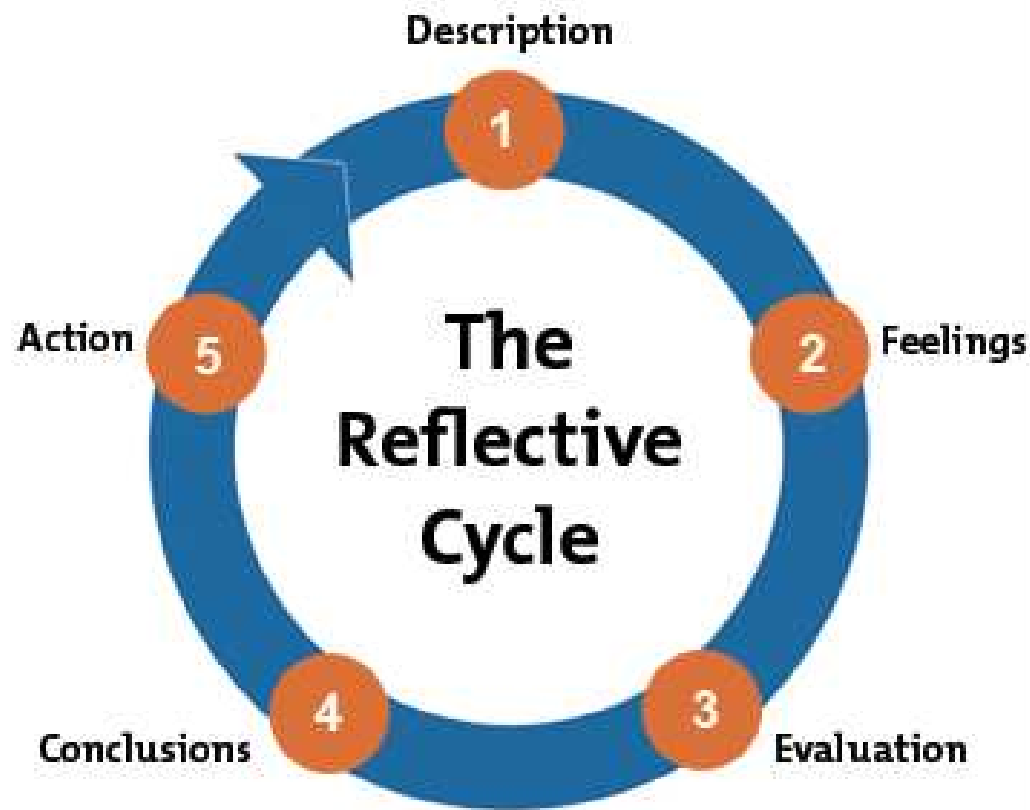
Constructivism

- Knowledge is constructed through human activity and experience
- Created rather than acquired
- Individuals create meaning through their interactions
- Reflection as the medium for change

Some mad keen reflectors...

- Schon
- Gibbs
- Dewey
- Kolb
- Schmidt
- Moon

Their models all look a bit like this...



From "Learning by Doing" by Graham Gibbs. Published by Oxford Polytechnic, 1988.

Schon

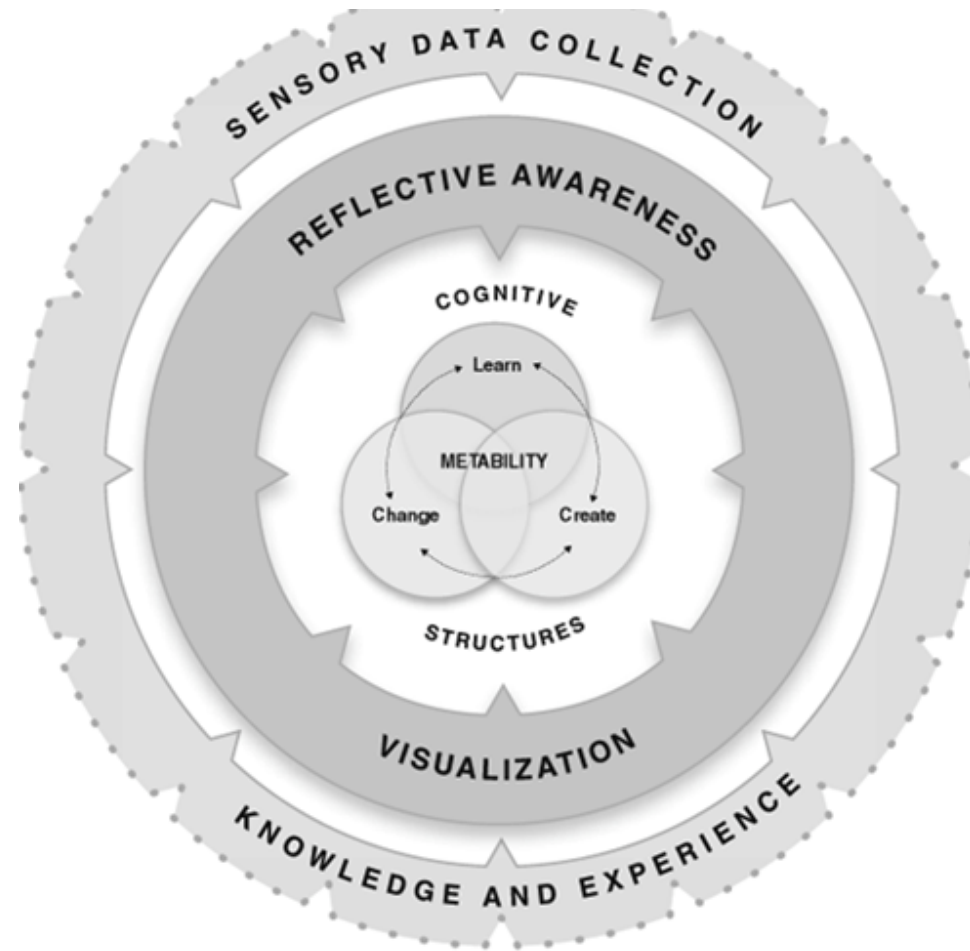
Reflection in action
(at the time the
event is happening)

- The experience itself
- Thinking about it during the event
- Deciding how to act at the time
- Acting immediately

Reflection on action
(after the event)

- Reflecting on something that has happened
- Thinking about what you might do differently if it happened again
- New information gained and/or theoretical perspectives from study that inform the reflector's experience are used to process feelings and actions

Moon: Cognitive structures



Why do trainees struggle?



Problems with “reflection”

- Neurophysiology: Kirschner, Snellen and Clark (2006) “Cognitive load”
- Poor evidence base for PBL

The e-portfolio...

Subject title:	Request for more Colchicine
What happened?:	A patient came to request for more Colchicine tablets for his acute episode of gout. He explained he gets about six episodes in the year and taking three tablets of Colchicine helps to settle the symptoms straightaway without flaring up further. He had previously experienced a very inflamed and tender episode which he always tries to avoid.
What, if anything, happened subsequently?:	I checked his records and medications. He was not on any regular medications that could precipitate his gout and did have a course of allopurinol dose in the past. This led me to discuss his management further. He was not keen on taking medications daily and reports not noticing much improvement whilst on allopurinol. I soon identified that this patient enjoyed having a good time and lives for the moment as he quoted. He wanted to be able to enjoy his life.
What did you learn?:	<p>It is important to take these opportunities to educate patients about gout and its management. It is not about giving them a lecture but help to appreciate that anything in moderation is acceptable. There are however also certain things in the diet that could trigger the episode and so trying to avoid them could be beneficial like the purine rich diet and alcohol consumption.</p> <p>The patient was adamant not to be on a daily medication to help prevent episodes despite my explanation that the dose of allopurinol could be increased further to reduce the recurrence of gout.</p> <p>I did elicit a detailed history of the symptoms and examined him but could not see any signs of gout at this consultation. The patient however emphasised that this is how his episodes start with a funny sensation on his big toe then quickly flare up. I felt obliged to give the medication over a weekend and he is known to have episodes in the past.</p> <p>I checked his uric acid level record which was normal. The patient was not keen on having a uric acid test in two weeks time. I learnt you cannot always get patients to negotiate and need to respect their decision. I weighed out the risks and benefits and this case agreed to prescribe the medication.</p> <p>Should I have been more firm and asked patient to return when he does have a flare up to issue the medication? It is a difficult situation. I rather he is not distressed by the symptoms. I did however make him consider the management of gout and hope that he will return for a further discussion.</p>
What will you do differently in future?:	I will continue to elicit a history. I did feel however that I did not follow a structure during this consultation. I need to try and keep focused to the flow. I should have completed my questions regarding the acute symptoms before questioning about the management as soon as I noted the allopurinol was not requested for a year.
What further learning needs did you identify?:	I need to learn to structure my history taking and focus on management later after the examination.
How and when will you address these?:	I will try and keep a structure when reviewing patients during my consultations. I will try and not repeatedly emphasise on the management if a patient has clearly made a decision and is capacitous. It is difficult to complete the consultation in time and sometimes it is better to review them later for further discussion so it gives them time to consider the management.
Shared?:	Yes
Date shared:	09/02/2017 14:50

Is the e-portfolio an aid to reflection?
Discuss...




Research

Written reflection in assessment and appraisal: GP and GP trainee views

Pamela Curtis , Gordon Taylor, Ruth Riley, Tom Pelly & Michael Harris

Pages 1-9 | Received 21 Sep 2016, Accepted 21 Dec 2016, Published online: 12 Jan 2017

 Download citation

 <http://dx.doi.org/10.1080/14739879.2016.1277168>



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What do you think they said?



What they said...

540 GPs and 460 GPSTs

- 83% prefer verbal reflection with colleagues to written reflection
- 70% agree: time consuming, box ticking, distracts from learning
- 75% do not think useful for identifying poorly performing GPs

What works?



Light bulb moments



Light bulb moments

- Jarvis: “Disjuncture”
- Moon: “Cognitive dissonance”
- Dewey: “Spark-generating dynamic”
- Balint: “Flash”
- Schon: “Transformative learning”

Question?

- What do we do that gets in the way of our learners' light bulb moments

Problems

- Mandating reflection
- Valuing written reflection over other forms
- Only rewarding the “right” type of reflection
- Not being there to mediate

Problems

- Expecting too much (Zygotzky: Zone of proximal development)
- The hidden curriculum
- Cultural difference

Some solutions?

- Lighten up on the e-portfolio
- You don't have to "capture" everything...
- *Talk* about reflection
- Welcome disagreement and dissonance

What are you taking away from this session?

