



# Incorporating Reflection into IM Residency Training

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## What is Reflection?

- Reflection is defined as “a thought, idea, or opinion formed, or remark made, as a result of meditation” (Merriam-Webster).
- In medicine, we usually define reflection as consideration, in the larger context, of the meaning or implications of an experience or action (1).

## What is Reflection?

- Reflection usually follows meaningful encounters or critical incidents.
- Reflection can help physicians examine values, deal with emotions, make difficult decisions, and resolve conflicts (2).
- Reflection allows assimilation and reordering or reworking of concepts, skills, knowledge and values.
- Reflection affords an opportunity for professional growth. It transforms experience into understanding, promoting higher levels of learning (3).

## What Does the ACGME Say?

The ACGME states that reflective practice is “an important and useful method when teaching for competency” (5).

Professionals engage in Reflective Practice (RP) when they:

- 1) examine their own reasoning and decision making in a disciplined manner;
- 2) make their reasoning explicit (i.e., open to review and critique);
- 3) modify their professional practice according to the insights they acquire through this process.

When clinical educators apply RP in teaching, they “think out loud” by describing the basic processes involved in how they make clinical judgments, how they learn from experience to improve their performance over time, and how they learn to adjust to ambiguous and changing situations.

ACGME Outcome Project, Reflective Practice

## Why is Reflection Important?

- Promotes growth of the individual - morally, personally, psychologically, emotionally, cognitively
- Distinguishes the professional vs the technician; the professional knows the larger context of his/her work and uses this knowledge for lifelong learning. The technician's knowledge is limited to performing a specific task.

Branch, 2002

## Tips for Facilitating Reflection

- Get buy-in from program directors, chiefs, chairs, etc.
- Identify dedicated faculty mentors.
- Have faculty consistently model reflection.
- Create settings that are non-threatening.
- Apply reflection to trainees own practice.
- Invite trainees to reflect in the context of ongoing, challenging cases (e.g., on teaching rounds).
- Embed reflection in educational activities such as routine self-evaluations, formative and summative evaluations, morning report, case conferences, etc.

## Structured Portfolios

- Documentation and reflection on personal experiences.
- Review one's practice, changes made to one's practice, medical errors, etc.
- Requires "data" from standardized measures, in conjunction with feedback.
- Creates permanent record of professional growth.

AAIM Insight, 2006

## Balint Groups

- Uses trained leaders.
- Meets regularly.
- Group exploration: "use of intellect, emotion, self-reflection in the doctor's work."
- Goal: "...to transform uncertainty, confusion, and difficulty in the doctor-patient relationship into understand and meaning...."

American Balint Society Mission Statement

## One-on-One or Small Group Reflection With Mentor or PD

- As part of annual, semi-annual evaluation sessions.
- Specific feedback sessions.
- Bimonthly group meetings; residents are free to raise concerns or problems without fear of reprisal or retaliation. Can identify issues of profession growth.

## Narrative Writings

- Narrative competence = the ability to acknowledge, absorb, interpret and act on the stories of others.
- Narrative medicine = model for humane and empathic medical practice.
- Medical fiction, autobiography, stories from practice, writing exercises.
- Allows reflection and self-examination.

## Support Groups

- Share and reflect on experiences of professional life.
- Provide safe forum to reveal feelings, explore aspects of being a physician/professional development.
- Other functions include promoting group cohesiveness, decreasing stress and isolation, exploring new approaches to professional challenges.

## Ways to Support Reflection in a Training Environment

- Set expectations for residents to observe their own behavior.
- Create a climate that encourages honest exchange.
- Provoke curiosity and assist residents in internalizing the habit of questioning themselves about their behaviors and practices.
- Discuss actual behaviors rather than theories or abstract expectations.
- Think aloud about one's own experience, including professional lapses.

Epstein, 2003

## Examples of Reflective Questions

- What was the most positive thing that has happened to you during your training? Why?
- What was the most negative thing that has happened to you during your training? Why?
- What experience(s) stands out in your mind as having most affected you so far in your professional training? How has this changed you?
- Identify people who have had an impact on you (positive and/or negative). Tell more about that.
- Identify a conflict that that has occurred during your training. How did you handle this? What did you learn?
- Identify your most meaningful patient and/or patient encounter so far this year. Say more about that.

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