

Faculty Guide for Reflective Practice Session

Goal:

1. Provide an opportunity for students in a small group setting to share prepared reflections with their peers and a faculty facilitator.
2. Faculty and students will have the opportunity to foster self-reflection among the group members.
3. Begin to develop the skills of critical reflection, reflection –on-action and attentive non-judgmental listening.
4. Understand these skills support the competency of practice-based learning and improvement.

Objective:

1. Using one of the prompts provided, prepare a written reflection that responds to the prompt.
2. If comfortable, prepare to share your response within the small group.

Instructions for the students:

Please prepare a written response to **ONE (1)** of the prompts on Blackboard in the Journal feature. This must be completed prior to the reflection session; please bring your lap top to class. Sharing your response with your MS3 family peers and faculty is encouraged but optional.

Faculty instructions for the session:

1. Please consider selecting a prompt and writing your own reflection to share with your family group, if time permits. **Note:** Our previous experience is that students really enjoy faculty role modeling and sharing. Your response to either #1 or #2 does not have to be related to medical school but something you have experienced professionally; #3 is open ended to you as a person.
2. Begin the small group with a brief introduction/reminder, this is their family group that will stay together over MS1/2 year for some communication activities and reflection sessions that occur once per course. Remind them this is a group where information shared and discussed is confidential to the small group.
3. Remind students that reflective practice supports the skills necessary for the core competency of **practice based learning and improvement**. Answer any questions about this competency.
4. In addition remind the students the **SOM has a core value, reflection:** *We are committed to embedding in all of our learning experiences the time and skills necessary to consciously examine, interpret and understand the thoughts and feelings that emanate from intense patient encounters. Through this process of mentored self-reflection and assessment, we ensure the development of a true*

learning and professional community capable of nurturing the transformation from student to physician.

5. Ask for a volunteer to share a response to a prompt they prepared.
6. Once a narrative is shared ask the group if there is any response to what was shared. Be prepared for some silence among group members and wait for a response.
7. If you feel helpful, after you respect silence or comments from peers, you can propose some questions to the group:
 - a. *Why did you choose this story?*
 - b. *Could anything have been done differently?*
 - c. *What questions or issues does this story raise?*
 - d. *What are the learning points or lessons learned?*
8. **Closure:** As a facilitator consider the students' thoughts, emotions, values, and assumptions AND input from others; collate differences and similarities in the reflections shared and most important *thank the students for their honesty as displayed in their writing and sharing.*
9. Written faculty comments on Blackboard in the Journal feature are required for any student who does **NOT** share in the small group session. Written feedback can be given to all students if preferred. This is your choice as family head facilitator. Students appreciate comments.

Addendum

INFORMATION FOR REFLECTION SESSION FACILITATORS

Why are we facilitating a reflection session with the students?

It is common to use personal narratives as starting points for collective reflection. Space is created to tell and write about one's experiences. Sharing of the stories among peers creates a common ground: shared core values of kindness, human connection, and commitment to social justice. In addition, fears, frustrations, and shame are shared. These stories have the power to show learners the future they are trying to create, name their core values, and identify threats to these core values. It is our hope the writing and sharing will assist students in building self-awareness and encourage humility about their strengths, weaknesses, prejudices and commitments to aid them in sustaining authentic relationships with patients, patient families, peers and members of the health care team.

Definitions

Karen Mann defines "reflection" as a conscious and deliberate reinvestment of mental energy aimed at exploring and elaborating one's understanding of a circumstance one has faced or is facing currently. This requires exploring "why" questions to add to this understanding.

Louise Aronson has framed reflection as "critical reflection," the process of analyzing, questioning, and reframing experience in, or to make an assessment of it, for the purpose of learning (reflective learning) and/or to improve practice (reflective practice). This is a skill we hope our students will achieve.

Reflection on action vs Reflection in Action (Donald Schon)

☐ **"Reflection-in-Action"**: helps us as we complete a task. It is that process that allows us to reshape what we are working on, *while* we are working on it.

☐ **"Reflection-on-Action"**: Pause and look back on concrete actions and record information about one's learning, providing insight lessons learned and future learning needs.

What is our Goal?

Reflection and reflective writing have become familiar terms and practices with a goal of instilling, and perhaps increasing, empathetic interactions with patients and to also improve communication skills with patients and colleagues. At the most basic level, writing of an experience enables the writer to perceive and undergo the experience. Reading and writing can be used to accelerate and deepen the clinical lessons learned in the shared work of providing health care. Finally, the process will promote **reflection-on-action**, when a practitioner analyzes their reaction to the situation and explores the reasons around, and the consequences of, their actions.

In small groups there is opportunity to read and listen to others with the goal of multiple interpretations of the writing. A requirement is *nonjudgmental listening*. This reflective process aligns with the mission of medical education in teamwork, peer learning, and trust building, and caring for others.

Self reflective exercises that are formative can facilitate *performance improvement* through a greater understanding of the world, and apply this to ones' future performance improvement through professional development strategies; therefore it is a critically important tool in practice-based learning settings where individuals learn from their own professional experiences rather than from formal teaching. This exercise supports the competency of *practice-based learning and improvement*.

Why encourage sharing of reflections?

- Reflective supportive engagement of others during group discussions
- Recognize bias and judgment (if they are expressed) and
- Use self-awareness to develop nonjudgmental responses
- Opportunity for confidential coaching that is formative (not summative) from peers and faculty
- Recognize emotions in a reflection that become evident during sharing

Lessons to Practice

1. Don't assume that all students can reflect.
 - a. Some will need guidance.
 - b. Honor and support that need.
2. Make sure that students know that it is reflection on their experience, taking into account their feelings and abilities, that is the backbone of a strong reflective habit.
3. Students reflect more deeply when they have be engaged in an experience so . . .Keep reflective practice real!