

## REFLECTIONS IN UNDERGRADUATE MEDICAL EDUCATION

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*Medicine today speaks of reflective practitioners. How do we ensure that our graduate will walk out of the medical schools as reflective practitioners?*

Today's innovative medical educationists are supporters of student-based curricula where students are the center of the learning process and they learn in as close to real life situations as possible. The emphasis is on self-regulated learning that is based in experiences in the learning environments.

Reflection is a proof of reflective thinking. To reflect is to contemplate events, ideas or objects, then analyze these to understand how it affected learning. Finally, what behaviour or behaviors will change because of this experience completes the reflective process. It inculcates a desire for life-long learning, enhances clinical competencies and ensures continuous professional development.<sup>1</sup>

These reflections when written down according to set guidelines constitutes reflective writing and the practice that emerges as changed practice after a process of reflection is a reflective practice.

Educational theory implies that "learning" is situated in practical experiences. These experiences, however, fail to promote learning if not critically reflected upon to address gaps in own learning and incorporate the newly learnt knowledge and skill. Reflections via Reflective Writing enables one to identify own shortcomings, identify gaps in knowledge, skills

and attitudes and address them appropriately in the learning process.<sup>1,2</sup>

Literature has emphasized the role of reflective learning and reflective practice, of which reflections are an important component of medical education as a means of learning from experiences through an analytical process of critical thinking. To reflect on a learning experience provides students the opportunity to indulge in a process of continuous learning. Supporters of reflections through reflective writing in medical education highlight the fact, that simple experience does not lead to learning but the process of conscious thinking about it potentiates deep learning and understanding. Learning, as is stated by researchers, is the intentional attention paid to everyday experiences and analyzing them reflectively and reflexively which yields concrete constructs of mind.<sup>1-3</sup>

Many competencies of today's doctor such as professionalism, empathy, critical thinking etc. are competencies that are enhanced and developed through reflections. Reflection is not a one-off activity, rather a continuum that transgresses the entire life of a medical professional. Medicine is an art which has as much humanistic aspect as it is professional. Professional attitude is required of medical professionals right from their undergraduate learning through their entire professional career with increasing need in clinical years. Professionalism curtails for competencies such as empathy, care, patient respect, altruism, ethics etc., most of which are not addressed in medical curricula and are embedded in humanistic values. In fact, affective domain is the least addressed learning domain in most medical school curriculum and all is left to the clinical years where fresh graduate is expected to act as

thorough professionals by learning all the above mentioned inherently present in their clinical training years.

*“The problem is that physicians are searching for professionalism in the wrong place. It is not found in the lists of qualities. It is found in the quiet moment in which the physician reflects upon the day’s occurrences. The successful curriculum in professionalism guides and provides for reflection.”*<sup>3,4</sup>

Reflection as a metacognitive skill, enables the learner to make sense and derive meanings from learning experiences and is engagement in a continuous process of constructing and deconstructing concepts. These concepts which are initially abstract ideas and thoughts are filtered into real life practices. Literature shows that learning is not progressive unless challenged by new ideas that eventually leads to transformative change.<sup>2</sup> As is stated by David Sawyer, Director of Students for Appalachia at Berea College, Kentucky, USA “.....reflection is so critical; there can be no higher growth for individuals or for society without it. Reflection is the very process of human evolution itself.”<sup>5</sup>

There are many ways reflection can be incorporated in undergraduate medical education e.g., reflective journals, reflective portfolios, reflective reports, storytelling etc. additionally the student himself can also decide upon his / her preferred method of reflecting on practices. Guided reflections and feedback by facilitator or mentor is more productive for learning as compared to unguided reflections. Reflection is a self-regulated process occurring before, during and after an event. Reflection during and after an event or experience is common but reflection before an event enables a student to approach a learning process with a specific goal that can be tested during the process of learning. One very important component of medical practice is knowing the inner self, one’s own beliefs and values, that come into play in professional practice.

Understanding this is important to develop the self-efficacy required to become a self-regulated lifelong learning.<sup>2</sup>

Reflection in medical education is not promoted without scientific evidence. Instead it is supported by educational theories which are the mainstay of today’s innovative medical education. Kolb’s experiential learning theory is one that forms the basis of reflections which states that simple experience is not the hallmark of learning processes. It is the incorporation and integration of experiences in previous concepts that constitutes and completes the learning processes.<sup>6</sup>

There is much hype in undergraduate medical education today of inculcating professionalism, communication skills, empathy, ethics etc., in curriculum but everything revolts back to didactic teaching as student-based learning is a very new concept for Pakistani medical education. Putting it precisely, the lack of knowledge of how to do it is the problem. Going out of comfort zones is perceived as a challenge by many and not comprehending the continuous benefits of reflections and feedbacks, that is inculcated in reflections, is a hindrance for many medical schools. Training facilitators to train students on how to indulge in lifelong processes of learning through reflection is mandatory for medical schools today.<sup>7</sup>

It is vital that we train our graduates in their undergraduate years to take responsibility for their own learning by deeply engaging in their learning processes. It is time we change if we wish for the stars, because it is going to require a lot more than wishful thinking. Today’s doctor works in an environment of rapidly changing concepts and preparing them at grass root level is the only way forward. Reflection through reflective writing is one of the many ways forward which enables a medical student to become part of a lifelong learning process

eventually evolving into great clinicians that we aspire to produce through our medical schools.

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