

# Virginia Tech Carilion School of Medicine

## FREE\* Newsletter

\*(Faculty Resources for Educational Excellence)

### VTCSOM Office of Continuing Professional Development

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(OCPD)

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<http://www.carilionclinic.org/office-continuing-professional-development>

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#### Quote of the Month

“We do not learn from experience. We learn from reflecting on experience.”

**John Dewey**

### Reflecting on Professional Development

How often throughout the course of a busy week do we stop to consider the deeper meaning of an interaction or experience, how we felt about it, what we learned from it, how we might do things differently the next time? The answer for many of us probably is “not often.” However, active self-reflection is central to professional development.

Active self-reflection involves identifying needs for growth, thinking critically, and engaging in self-regulation. Reflection can be used to transform complex scenarios into learning opportunities and to improve practice. It also involves the “consideration of the larger context, the meaning, and the implications of an experience or action” in order to attain deeper meaning and understanding of a situation.<sup>1-3</sup> Reflection may enhance work satisfaction and meaning.<sup>4</sup>

Reflection is also critical for our learners. A primary aim of learner reflection is to develop an understanding of “self and situation” (gaining a greater appreciation for learning needs and for the doctor-patient relationship).<sup>5</sup> In one study, lower reflective ability was associated with more lapses in professionalism among medical students.<sup>6</sup> The ACGME Competencies further emphasize the role of reflection in the professional development process.

Though many residents learn about professionalism via the hidden curriculum (internalizing what they see modeled),<sup>7</sup> they can attain deeper levels of understanding through guided reflection.<sup>8</sup> This approach utilizes a faculty guide to reinforce teachable moments and professional practice. A deliberate process for reflection can be used when providing feedback to learners to encourage assimilation of new knowledge and enhance feedback effectiveness.<sup>3,9</sup>

Guided reflection should be deliberate and done in an environment that supports questioning and learning to be effective. It can occur during an activity or thereafter. As suggested by Dr. Sarah Bean in her October 2015 presentation at the 1<sup>st</sup> annual TEACH Education Day, open-ended questions should be used to encourage learners to think more deeply about situations, how and why decisions were made, their feelings about it, and to build upon existing knowledge.

So, what are some practical steps you can take to enhance your own reflective capacity?

1. Carve out time and make a plan. You may want to consider joining or starting a group that facilitates reflective dialogue, practicing mindfulness to enhance basic noticing skills, and journaling or reflective writing.
2. Reflect on your experiences and seek feedback about your facilitation skills.
3. Set a reminder to pause for reflection about a patient or precepting experience at some point in your week.

What can you do to guide your learners in the reflective process?

1. Actively model your own reflection!<sup>1-3</sup>
2. Prompt your learners to think about the moral/ethical/social/professional/human dimensions and not just the facts.
3. Ask them to consider changes in understanding or behavior they may have experienced.

To further practice reflecting on your professional well-being and the culture at Carilion Clinic-VTC, I encourage you to participate in a survey of burnout and well-being among healthcare providers, sponsored by the Office of Continuing Professional Development. Be on the lookout in the coming weeks for an email invitation to participate!

--Lauren Penwell-Waines, PhD (Guest Contributor)  
Department of Family and Community Medicine

Avoid Parking!  
Take the shuttle!  
400-3159

**MARK YOUR CALENDAR!!** Education Grand Rounds  
*Gallows Humor in Medicine*, Katie Watson, JD  
April 11...3 repeated sessions (choose 1!)  
7:00-8:00 am, 12:00-1:00 pm, OR 5:30-6:30 pm  
Carilion Clinic, 6<sup>th</sup> floor auditorium

## References

- <sup>1</sup>Aronson (2011). Twelve tips for teaching reflection at all levels of medical education. *Medical Teacher*, 33, 200-205.
- <sup>2</sup>Wear et al. (2012). Reflection in/and writing: Pedagogy and practice in medical education. *Academic Medicine*, 87, 603-609.
- <sup>3</sup>Branch & Paranjape. (2002). Feedback and reflection: Teaching methods for clinical settings. *Academic Medicine*, 77, 1185-1188.
- <sup>4</sup>Shanafelt (2009). Enhancing meaning in work: A prescription for preventing physician burnout and promoting patient-centered care. *JAMA*, 302, 1338-1340.
- <sup>5</sup>Sandars (2009). The use of reflection in medical education: AMEE Guide No. 44. *Medical Teacher*, 31, 685-695.
- <sup>6</sup>Hoffman et al. (2016). Is reflective ability associated with professionalism lapses during medical school? *Academic Medicine*, epub ahead of print.
- <sup>7</sup>Park et al. (2010). Observation, reflection, and reinforcement: Surgery faculty members' and residents' perceptions of how they learned professionalism. *Academic Medicine*, 85, 134-139.
- <sup>8</sup>Baerstein & Fryer-Edward (2003). Promoting reflection on professionalism: A comparison trial of educational interventions for medical students. *Academic Medicine*, 78, 742-747.
- <sup>9</sup>Wald & Reis (2010). Beyond the margins: Reflective writing and development of reflective capacity in medical education. *Journal of General Internal Medicine*, 25, 746-749.