



Personal Reflection: A Prescription for Medical Education

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PURPOSE

Since the time of the Second World War, patients have taken a more active role in their medical decision-making processes (Thomasma 1983). This has led to an increased expectation of professionalism, empathy, and respect from their physicians. The act of personal reflection by physicians is proposed as a means to help physicians meet these growing expectations from patients. The study of literature throughout the process of medical education has been established as a means to promote this type of personal reflection (Charon 2006). An exploration of the historical elements of this process provides a framework for the role that personal reflection plays in the practice of medicine and in the process of medical education.

PROCEDURE

1. Explore literature regarding societal expectations of physicians and the historical evolution of the physician-patient relationship.
2. Analyze the literature regarding the concept of personal reflection, the role that personal reflection plays within the field of medicine, and how personal reflection has been incorporated into the process of medical education.
3. Review the literature regarding lessons learned from previous attempts to incorporate personal reflection into the process of medical education and identify key components of the success and failure of these trials.
4. Provide examples of reflective writing samples that support the identified themes.
5. Develop a recommendation, a prescription, for the future successful inclusion of personal reflection into the process of medical education.

PERSONAL REFLECTION

DEFINITION

- Analysis of personal attitudes, beliefs and assumptions

OUTCOMES

- Gain understanding of identity, thought process, and behavior patterns
- Assign meaning to life experiences
- Foster deeper understanding of interactions

TYPES OF PERSONAL REFLECTION

Analysis of literature suggests the following are platforms for personal reflection. Exploring these activities provides a better understanding of how they promote personal reflection.

- **Reflective Reading** – allows reader to perceive the world from the perspective of another
- **Reflective Writing** – forces writer to describe and communicate own perspective
- **Storytelling** – active engagement between individuals

REFLECTION IN MEDICINE

Communication within the medical field occurs between:

- Physician and Self
- Physician and Patient
- Physician and Colleagues
- Physician and Society

The literature has identified a void that has formed between physicians and their patients, which causes miscommunication and a lack of understanding. Personal reflection allows for deeper interaction, empathy, personal strength, and trust between physicians and patients, which can help to close this communication void (Charon 2001).

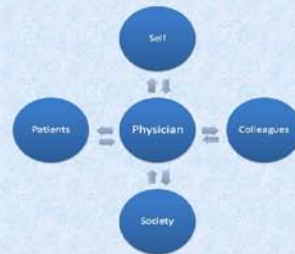


Figure 1: Physician Interactions

REFLECTION IN MEDICAL EDUCATION

The incorporation of personal reflection into medical education may proactively prepare students to prevent a communication void between physicians, patients, colleagues, and society.

The AAMC and LCME have published recommendations and standards for humanistic qualities which may be fostered through the promotion of personal reflection in medical school curricula.

AAMC	<p>Physicians of the Twenty-First Century: Report of the Project Panel on the General Professional Education of the Physician and College Preparation for Medicine</p> <ul style="list-style-type: none"> • "ethical sensitivity and moral integrity, combined with equanimity, humility, and self-knowledge, are quintessential qualities of all physicians" (AAMC 1984, 1). • "We must attempt to "recapture the human spirit in medicine" (AAMC 1984, 177).
LCME	<p>Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree</p> <ul style="list-style-type: none"> • Emphasize behavioral and socioeconomic subjects • Promote communication skills • Provide understanding of ethics and human values • Recognize cultural responses to health and disease • Reflect on personal gender and cultural biases

Figure 2: Medical Education Standards

REFLECTIVE WRITING REFLECTION EXERPT

The sterile white room with empty, stainless steel beds felt like another world, like I was on a space station. The smell, the smell of death. I thought I knew what death smelled like, but today, it overwhelmed me. I couldn't overcome it. No matter where I looked, no matter what I thought about, I couldn't escape death. The bodies. They were so real, so raw. I could still see the expressions on their faces. This was nothing like the anatomy lab. In the anatomy lab there is a sense of awe. There I feel like our education is the end that justifies the means; that the donors have given their last sacrifice for the greater good. But here, there was just death. And though I was covered from head to toe with gowns and masks and scrubs I felt naked. So exposed.

The team began its work "This lady was hit by a car crossing a street." I've done that. Why her? Why not me? Her nails were painted perfectly. Today is her birthday. Of course her nails were done, she had a birthday party to attend. Was this what she imagined when she painted her nails? They analyzed her uterus and cervix "she's delivered at least one child." Where are they? How are they grieving the loss of their mother?

Maybe I'm not so sure that medicine is right for me. Maybe I want to be an accountant. They don't deal with death do they? But can I ever forget today? No. I can't go back. Ignorance was bliss.

Figure 3: Example demonstrates Reflection in Medical Education

SUCCESSFUL IMPLEMENTATION

The available literature suggests that successful incorporation of personal reflection into medical education incorporates the following characteristics into voluntary seminar activities:

- Reflective reading assignments based in medical and non-medical literature to teach multiple perspectives of different experiences (Hunter, Charon, and Coulehan 1995)
- Structured and unstructured reflective assignments with mentors who provide non-judgmental feedback to promote honest reflection (Reichert et al. 2009).
- Students given a choice regarding whether or not to share personal reflections (Reichert et al. 2009).
- Small class size, strict confidentiality of seminars which may take place in pre-clinical and clinical years of training (DasGupta and Charon 2004).

PRESCRIPTION

Recommendations for future incorporation of personal reflection into medical education include:

- small groups
- strict confidentiality
- voluntary participation
- non-judgmental feedback
- supportive environment
- choice regarding sharing
- variety of activities
- incorporation of reading, writing, and storytelling

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