

## Commentary

# The Hardest Thing about Professional Reflection in Medical Education is Actually Doing It

Alan S. Wolkenstein, MSW

Clinical Professor of Family Medicine (Ret.), University of Wisconsin School of Medicine and Public Health; Senior Educator and Consultant, Wolkenstein and Associates, Wisconsin, USA

Matthew Evan Wolkenstein, MEd

Experiential Education Consultant, Jewish Community High School of the Bay, San Francisco, California, USA

*While requirements for successful completion of graduate and post-graduate training programs in the physical and psychological sciences have increased, there is seldom any structured time for individuals to become self-aware, to emotionally evaluate, and to reflect on their experiences. Lack of reflective learning can contribute to an under-experienced and therefore a less-than-optimal and non-integrated education for physicians; non-reflective practitioners are, so to speak, "under-practiced."*

The interactions that physicians have with patients and their families are oftentimes anxiety provoking; concerns and uncertainties about life and death are frequently discussed. Anxiety, fear, worry, and doubt can easily fill the spaces between the words. Though these conversations are important, they truly difficult: there may be multiple yet distressing opinions, the stakes are high, and few feel emotionally comfortable and centered when having them.<sup>1</sup>

The physician's office, a very special place in society reserved for curing, for healing, for helping people to survive, becomes, with any serious diagnosis, a place of confusion, where the realms of the physical and anatomical blend with the emotional (possibly even the spiritual) lives of patients and families. But there is much more to the equation of interaction and experience.

In medical education, physicians themselves oftentimes feel uncomfortable and 'off-balance' as they work their way through complex medical analysis and decision making in a patient's best interest. Patients' anxiety will pervade the conversation, made more complicated by the human responses of caring physicians. Patients who are suddenly forced to confront their mortality in a very real, very immediate sense (sometimes repeatedly) can pull even an experienced practitioner off balance." Repeated "off balance" experiences can, in turn, have a negative impact on physicians, contributing to impairment and burnout unless corrective experiences are put to play. Corrective experiences such as reflection can successfully reduce these negative responses if supported by both the physician's own educational programs as well as the professional medical community, and if successfully practiced on a regular and consistent basis.<sup>2</sup>

I perceive it as a systems failure. It has been my professional experience that teaching programs (both in medical schools and post graduate) can feel ambivalent about reflection when their medical staff and administration have had no real experience with it. Furthermore, many teaching programs (consciously or unconsciously) telegraph the notion that reflection on painful and challenging professional experiences is not "helpful" or "wise." Their ambivalence about employing professional reflection skills is rooted in a lack of understanding or the sometimes nebulous

ways that reflection is described and offered. At the same time, early attempts at reflection can be confusing and difficult for learners priding themselves on success; indeed, it may appear to not be an effective or pleasant means to deal with the intricacies and ambiguities of learning and practice. It therefore behooves the facilitator for reflective experiences to be clear, concise, and educated in the parameters of reflective education. As a major component of these parameters, I believe that quality medical training requires the deployment of professional reflection to offer both the learner and the practitioner a skillset essential in guiding the growth process, and essential in both achieving and maintaining the relevant standards of care.

The interactive nature of medicine should demand a methodology to "help the healers" deal with their own feelings and distill out of their interactions new knowledge of the situation, of themselves as people and physicians, and the learning of new skills and self-awareness to better themselves at their craft. It is often assumed that enhancing self-awareness and some internal processing of the encounter will automatically occur without reflection. Not so: the integration, the ownership of one's feelings, and navigating successfully in behalf of patients and of themselves requires engaging in the process of reflection. Unfortunately, the training to do so and the time to do so are seldom appreciated or made available, as they are seldom appreciated or made available in society as a whole. There is frequently no organized process for physicians to evaluate and appreciate their emotionality connected to encounters so they do not interfere in their ongoing learning and care giving responsibilities which are enormous.<sup>3</sup>

We realize that denial and rationalization take center stage far too often. In other words, practitioners may feel (or even verbalize): "these are not problems or concerns" (denial), "and if they were, I can handle them" (rationalization). Like all such similar defenses, they seldom are successful and physicians may have few other skills to fall back on when a particularly challenging experience, or years of normal practice, wears down ego defenses.

All of us have varying degrees of spirituality, emotionality, and intellectual curiosity. It is the variances between them that make us all special and different. Yet, these qualities can and often do take a battering when physicians are confronted with the rigors of conversation and interaction with sick patients and their families. They may feel assaulted by the worries and fears of the patient and family, which are compounded by their own trepidations. Reflection is a viable method to drain away the tension and worries so that the physician can bring to bear his/her highest levels of spirituality, emotionality, and intellectual curiosity.

In addition to the above, while enhanced self-awareness brings the reflective practitioner a set of useful skills, it is through reflection itself that the greatest self-awareness, emotional depth, and personal insight develop -- if the physician is able to diffuse the negativity enough to learn from the experience.

While the field of medicine engages in a constant effort to learn new information and synthesize it with existing knowledge, there is, in fact, a parallel track that can harness reflection to develop the interactive wisdom so necessary in a well-functioning, critical thinking, and effective physician.

We propose approximately the following questions for the reflective practitioner to explore with suitable supervision and guidance. The questions may differ over time and experience.

1. *Where do I come from emotionally to be a "healer"?*
2. *Am I right in being a physician?*
3. *What have I done well?*
4. *What mistakes have I made?*
5. *What do I do to resolve them?*
6. *How will I learn from my errors?*
7. *How will I know when mistakes are corrected?*
8. *What is yet to be?*

Additional existential questions which have been generated by patient experiences but evolve into more philosophical and long term commitment issues to medicine as a rewarding and deeply meaningful career are offered. They are probably best reflected upon with a trained mentor or guide experienced in the process of guided reflection:

- Why am I so frustrated sometimes with my patients and will it ever end?*
- Why does it seem I am so seldom really appreciated for my efforts?*
- What do I do with my true feelings?*
- What are the moral and ethical issues I struggle with?*
- How do I become a more critical thinker as a physician?*
- When/Why am I feeling isolated and alone with the residency (practice)?*
- How do I balance my personal life with my work?*
- What if I am still unsure I want to be a physician?*
- Who can I trust with my uncertainties?*
- When do/will I feel whole as a physician?*

There is much that can be utilized from the "Kolb Learning Cycle" in assessing a methodology for the practitioner willing to delve further into reflective learning.<sup>4</sup> The process is as follows:

1. **Concrete Experience-** Having an experience of sufficient value to explore further.
2. **Reflective Observation-** Thinking deeply and reflecting about the experience.
3. **Abstract Conceptualization-** Learning from the experience.

4. **Active Experimentation-** Practicing what has been learned by synthesizing with already existing knowledge and skills.

The intention is to utilize this model in helping the learner think about and reflect, learn from the process, and be creative in learning to practice the new information and insight. Once again, doing so with a trained mentor can facilitate the learning.

Reflection is the means to gently turn back the clock and look into what has happened and why. It is the skill set in which feelings are explored so they do not interfere in the work of the physician and subsequently make more conscious the professional insights so necessary in self-awareness. We apply psychodynamic principles to help physicians better understand themselves and the complexity of their career in medicine.

People who are seriously ill have experiences of loss: loss of activities of daily living, of functional status, of emotionality, and of the potential loss of their very lives. For those who live with and through their illnesses, they experience a world that is no longer predictable or accountable, and with their losses they experience pain, grief, and eventual transformation. Others around them sense this journey and hopefully are there to comfort and guide or to simply be present for them. For the compassionate physician who has traveled this same path with his/her patient, there is no record kept of their grieving, their sorrow, their empathy, compassion, and their losses. There is no one to comfort them, to be there for them, or even to record their pain. The eventual emotional cost of this lack of support is a turning away from sick people; it ends with burnout and impairment, despite the fact that every physician is needed and special and cannot be replaced.

We know that the hardest thing about reflection is doing it. While becoming a master takes about 10,000 hours of practice,<sup>5</sup> a physician who begins early in medical school and follows a routine of finding the moments within their busy schedule, it will become a part of their education, training, and practice. It truly is an essential part of their education, training and practice. However, while important and essential, it seldom is a fun experience, per se. It is hard work: indeed, to learn the multi-dimensions of physicianhood, it is a necessity.

While truly believing there is no time to reflect, the solution is to build time every day. We suggest a few minutes several times a day. Where is this important work done? We offer eight options:

- In your head, walking between patient rooms, every day.
- Jot down one "takeaway" thought when you get to your desk or carry a small ring binder in your lab coat.
- Do this over coffee, just once a week.
- Do this with a journal every Sunday evening or a special time when off duty.
- Do this with a colleague every other week: take turns reflecting.
- Do this with a trusted friend who is not in medicine. Their viewpoint may be very unique and special.

Do this with a faculty advisor or mentor.

Spend an hour doing this with every rotation change.

It is within these moments of reflection that much of the emotionality that is engendered by patients and their own personal sense of anxiety, or doubt, or even uncertainty, becomes deeply thought about, explored, and assessed so these highly emotional feelings do not interfere in the necessary ongoing learning processes and care-giving responsibilities.

We believe that while it takes 10,000 hours to become a master, it takes 10 minutes of reflection to become better than you were. Our life and the work we choose to do is always about who we are now and who we can yet become.<sup>6</sup>

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Alan S. Wolkenstein MSW, is Clinical Professor of Family Medicine (Ret.), University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin. Professor Wolkenstein had spent three decades developing and implementing a Behavioral Sciences curriculum for Residents in Family Medicine and other Primary Care Residency Programs for the Aurora University of Wisconsin Medical Education Group (AUWVG). He blogs at AlanWolkenstein@Blogspot.com

Matthew Evan Wolkenstein, MEd. Is Director of Experiential Education at the Jewish Community High School of the Bay, San Francisco, California. For the last ten years he has been developing and teaching experiential learning programs for young adults to live in and to cope with a changing and complicated world. He blogs at magnetiCClassroom.com: Connection, Compassion, Creativity and Tech.

## ADDRESS FOR CORRESPONDENCE

Allan S. Wolkenstein, Clinical Professor of Family Medicine (Ret.), University of Wisconsin School of Medicine and Public Health; Senior Educator and Consultant, Wolkenstein and Associates, Wisconsin, USA. Email: [alan.wolkenstein@gmail.com](mailto:alan.wolkenstein@gmail.com)

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