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Confronting illness and disability : the crucial role of reflective learning for doctors

Introduction

Facing up to illness and disability is not only a task for the patient; the doctor too has to face up to illness and disability of the patient. What is the doctor's attitude to suffering and grief due to illness and disability? Before the doctor is able to answer the patient in a sincere way he must come to terms with suffering and grief in his own life. How does he cope with his own feelings? Is he aware of his attitude to illness and disability of his patients?
The doctor's feelings and observations about himself will guide him in his thinking and doing. Therefore, it is important he is aware of these feelings.
This lecture is about the doctor's attitude to illness and disability and how to enhance awareness of the doctor's own attitudes. At medical school in my country, we teach students to develop a professional attitude by reflecting on their own behaviour. Reflective learning contributes to a better self-knowledge and in that way the ability to be a better and more empathic doctor. An empathic doctor is aware of the process of feelings a patient is going through, and knows how these feelings influence himself.
I will talk about reflective learning and professional development from my background as a university lecturer. I was trained as a GP, and I work at the GP Vocational Training Unit in Groningen, the Netherlands. In this role, I am developing a teaching programme to educate GP trainees in the development of their attitudes. That's quite a big challenge. Alongside it, I have gained practical experience with professional development as a facilitator (or coach) for medical students. These 4th year medical students gain their first clinical experiences as a medical professional at the clinical workplace. I supervise two small students groups for a full year, facilitating their learning experiences in developing their professional identity using reflective learning. In this presentation, I will mainly draw on my experiences with medical students.
I will discuss how we teach reflective learning as a tool for professional development to medical students. I have asked one of my students to join in and she will tell you about her experiences of her professional development in her peer group during the past year.
But first I will explain what reflection is and why it is so important.

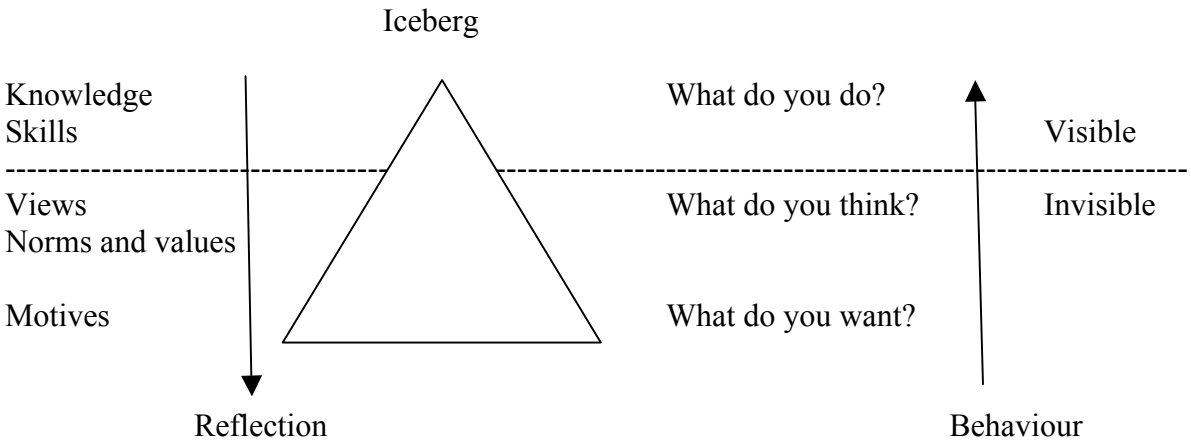
Reflective learning

Reflective learning is important for all professions in which people interact with one another. Actually, it is the professional group itself which requires that its members give account for their behaviour. Reflective learning is

1. the skill to become aware of one's own behaviour, with the aim
2. to improve the understanding of this behaviour
3. so as to be able to change this behaviour in the future.

What is happening in this awareness process is that an experience is being restructured or reframed. As a result, the professional develops a fresh view on his own behaviour in relationships with others.

To make it more clear how reflection works I have drawn this picture.[1]



In the middle you see an iceberg with only the top visible above the water surface. That visible part is what one sees from a person: his knowledge and skills resulting in visible behaviour and expressed attitudes. But under the water surface you see what this knowledge is floating on, namely views, and norms and values resulting in invisible behaviour. These views on their part are formed by inner motivation. In the process of reflection one bores through the visible behaviour to the deeper parts of oneself ending up at the heart of behaviour, namely our motives or our drives.
On the right you see the questions that might be used in the process of uncovering the original motives. In asking questions about the visible behaviour the underlying values might become clear to the person. Asking open questions, such as 'What did you think when you did this?' and 'What did you actually want?' is a way to uncover one's underlying thinking.
The core skills we teach our students for mastering this reflective learning are 1) formulating observations concretely; 2) distinguishing between thinking, doing and feeling; and 3) asking relevant questions to gain insight what the observation means.

The importance of reflective learning lies in the doctor's ability to understand the person behind the doctor. Especially in relationships with patients who appeal to the person of the doctor, reflective learning might improve the relationship. This is the case in palliative care, and with patients with chronic illnesses, unexplained symptoms and mental problems.

How do we teach reflective learning to medical students ?

I will describe how I teach reflective learning to 4th years medical students as part of their professional development.
In their 4th year, the students start with their clerkships, or, clinical rotations. In this transitional phase from medical student to young doctor issues of professional identity are raised. It is an intense period with feelings of uncertainty and overwhelming experiences. Therefore, parallel to the clerkships we have organised 28 two hour long meetings with time dedicated to reflection and learning.[2] These groups consist of 10-12 students with a rotating student chair under the supervision of an experienced teacher, or, "coach". I have been such a coach for 5 years and have facilitated 10 groups of students all for one year each.
We focus on personal and professional development by reflecting on work-based experiences. In the first hour the students discuss in a structured way a critical incident experienced by one of them. Learning experiences include personal learning (as emotions), skills (as empathy development) and professional learning (discovering the profession). In the second hour the students discuss pre-arranged medical-ethical dilemmas, such as 'death and dying' and 'cultural differences'.
The coach facilitates the group discussion and oversees the group dynamics. During the year, the students work on their portfolio (a collection of written assignments) including a personal development plan.
In three individual interviews between student and coach this plan is monitored.

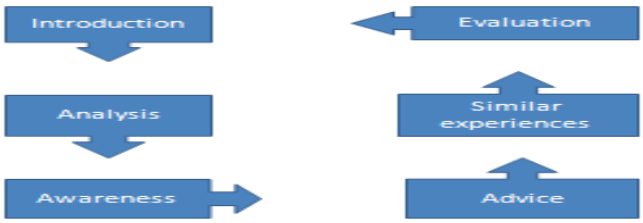
In the next part of this lecture I will highlight reflective learning in different contexts: reflective learning in the peer group, reflective learning by writing, reflective learning by personal interviews with the coach, and reflective learning by composing a portfolio as assessment tool.

Let me start with showing you a photo of one of my students group of this year.

Reflective learning by discussion in the peer group

As I told you, in the first hour of the peer group the students discuss in a structured way a critical incident experienced by one of them using a peer mentoring model. This learning technique is called in Dutch ‘intervision’, literally ‘sharing views among equals’. In English the appropriate name is peer group mentoring, but it does not describe exactly what it implies.

In our student’s peer group, we use a standard peer mentoring model. In this picture you see the different steps. I will describe them briefly.



In the **introduction** the student chair invites the students to report about their clinical experiences over the last week. The group then selects one of the students’ cases to discuss. Then the **analysis** phase follows. The other students ask clarifying questions to the presenting student: ‘what did you want, what did you think, what did you feel and what did you do’ combined with ‘what did the other person want, think, feel and do’. After these questions, the contributing student is more aware of his real question and might reformulate it (**awareness** phase). Only after these analysis and awareness phases do other students suggest other approaches and give **advice** and possible solutions. The contributing student picks out an appropriate piece of advice to implement during the coming week. The next week the student

will be asked how he has managed with the topic. Next, the students are stimulated to bring in **similar experiences.** We finish this peer-mentoring hour with an **evaluation** of the group process by the students as well as by the coach. In this way students learn how to look in different ways at a case by analyzing the case from several perspectives (thinking, feeling, doing). In this way, the students grow in their new professional roles and learn to discover and formulate their values.

Examples of topics brought in by students

I will give you some examples of the topics the students bring in during a peer group meeting.

- 'I cried when I heard the doctor saying that the young mother would die within a few weeks. Was my reaction appropriate for a doctor?'
- 'Last week I was deeply touched when a patient had a lot of pain. But one day later I wasn't moved at all when a patient was told a fatal diagnosis. I was so shocked by myself.'
- 'What to do when my co-student avoids work?'

My last example is a spiritual issue: what is your purpose in life? I will discuss it more in depth to show you the dynamics of a peer group. It shows how the whole person of the student is involved.

- Thom, a male student in a student's peer group half-way through the 2nd clinical rotation experienced feelings of redundancy, or, needlessness when approaching patients to administer an infusion. His central question to the group was: 'What can I fundamentally do for a patient?'

  After being questioned by his peers, he reformulated his point: 'What is my goal as a student on clinical rotation? To learn only technical skills is not enough for me. In what way can I be significant for the patient? I want to be myself, I don't want to copy my supervisor, I want to be an authentic doctor'.

Others students gave him advice:

'Ask how the patient is doing and listen to the story told'. 'Simply administering an infusion is also meaningful because it helps the patient to regain health again'. 'Go ahead with your studies and finish it; as a doctor you will be able to mean more for the patient than as a student'.

Others shared similar experiences, but did not feel this need as painfully as Thom did.

At the end of the peer group meeting, the coach evaluated with the following points:

- She praised the student's courage for formulating his, at first, indefinable and vague feeling of unfulfilled desires.
- She pointed to the transformation of the interpretation of his feelings from uncertainty to more defined ('lack of purpose' and 'want to be authentic').
- The need to give meaning to someone's life is a strong internal drive. Actually, this is true for everybody. In the patient this becomes clear in his question: why me? In the doctor-patient relationship the doctor too is looking for meaning, as Thom's questions showed.
- Thom's high goals are totally legitimate. To look for meaning and the longing to want to be authentic are essential values in his (professional) life.

Structured peer-group mentoring ('intervision') was demonstrated to be an excellent way to practice reflective learning in discovering the person behind the doctor.

Reflective learning by writing

In the second hour of the peer-group meeting the students discuss one of the pre-arranged topics which has been prepared at home by reading journal articles. Examples of topics are

death and dying, cultural differences, obesity, corporality, loyalty and collegiality, sexual harassment, patient-centeredness, the sick doctor and medicalization. During the peer group meeting, the students discuss these topics. Afterwards, the students write a reflection for their portfolio on the development of their views on this topic which might have been changed by the articles or the group discussion.

Reflective learning by personal interviews with the coach

During the year, each student has three personal interviews with the coach. The goal is to monitor the individual student's personal and professional development. In the first, introductory interview the coach asks questions like 'How does your white coat feel?', and 'How is the balance between your private and professional life?'. The second, mid-year progress interview is a more formal interview where the first version of the student's portfolio is discussed. In the third and final assessment interview at the end of the year the definite portfolio is being assessed. We discuss questions like 'Have you changed as a doctor and a person during this year?', 'Which characteristics of a doctor are important to you?' and 'To what extent have you reached your personal goals?'.

Reflective learning by composing a portfolio

As I told you, as an assessment tool we ask the students to compose a portfolio, a collection of written assignments. One of the assignments is writing a personal development plan. In doing this, the students acquire self-directed learning skills for effective lifelong learning. The personal development plan includes a strengths and weakness analysis of themselves concerning the seven professional roles, or, competencies of the doctor.[3] These roles include medical expert, communicator, collaborator, manager, health advocate, scholar and professional. By given a written account of the level of mastering these seven roles, the students are forced to reflect on their knowledge, skills and attitude.
Reflection by writing is different than reflection in a group: the student is forced to reflect explicitly. In addition, written reflection is often more profound and complete.

I will give you some reflections of students' written self-assessments on the role of communicator, health advocate and professional:

- Communicator: "Sometimes I experience that I am too much at the same level as the patient, being more a neighbour than the doctor".
- Health advocate: "I think a good doctor needs to have a holistic view on his patient. Although I realize that doctors often have little time and are too much focused on their own specialty. I want to see the patient as a whole".
- Professional: "I am able to look critically at myself. I know I am a perfectionist. I am receptive for criticism from others, but I notice that I am more open for criticism from people whom I value highly".

After the student's self-assessment the student selects a personal learning goal and describes how to reach this goal at the end of the year.
By composing the portfolio, students express in a natural way their values, the person behind the young doctor, and their view on the doctor-patient relationship.

I will now give the floor to one of my students, Anne Wil. She will talk about her experiences with reflective learning in her peer group in the latest year.

Feedback used in reflective learning

Anne Wil told you about giving feedback. Why do we teach how to give feedback ?
To explain this I will introduce you to the Johari window.[4] It helps to better understand relationships with self and others.

	Known to self	Not known to self
Known to others	1. Open	2. Blind
Not known to others	3. Hidden	4. Unknown

The area 1 is the part of ourselves that we see and others see: it is an open space.
Area 2 is the aspects that others see but we are not aware of: our blind spot.
Area 3 is our private space, which we know but keep hidden from others.
Area 4 is the most mysterious room in that the unconscious or subconscious part of us is seen by neither ourselves nor others.

Depending on our communication, these areas will enlarge or reduce. When your receive feedback you reduce your blind spot and your open space will get larger. When you give feedback you also show something of yourself. Thus your hidden space gets smaller and again your open space larger. And the larger the open space is the greater the chance is that communication will be honest and open.

So the reason why we teach how to give feedback is that feedback improves communication.

Reflection and Medicine of the Person

I have stated that a doctor needs to master reflective learning. Indeed, practising medicine (of the person) starts with the person of the doctor. In French it is a word play: ‘médecine de la personne commence avec la personne du médecin’ (medicine of the person begins with the person of the doctor).

Paul Tournier who stood at the basis of Medicine of the Person[5] wrote about the necessity of the doctor’s self-knowledge in “A Doctor's Casebook in the Light of the Bible” [6] : "It is not what we say to our patients, it is not talking to them about God, it is not even praying with them that makes us doctors of the person; it is what is happening in our own lives, it is in solving our own life's problems, the integration of our own persons. Sick people are not to be helped to find the true meaning of life by exhortations, but by the contagion of our own experience."

A similar statement occurs in "The Healing of Persons”.[7] Paul Tournier believed that the moral authority of the doctor is the key to psychotherapy. This authority cannot be based only on his knowledge or his will. "It must depend on his attitude to life, upon the solution to the difficulties he himself has found in his own life, upon the concordance between the principles he professes to hold and his actual behaviour, upon his personal faith and upon the fruits of

his conscientiousness, disinterestedness, love and honesty which that faith brings forth in his work."

This statement of Paul Tournier underlines the relevance of our training in reflection.

Conclusion

To summarize : Reflective learning for doctors is crucial when being confronted with illness and disability. My medical students practice reflective learning by discussing work-based experiences in a structured way in order to become more aware of their values and personal qualities. By reflective learning the students learn to discover their own possibilities and limits in relationship with their patients.

Reflective learning is not only of crucial importance in medical school. Also during one's life-long career it is important to improve reflective skills in order to understand the doctor's role in relationships with patients. An example of groups of doctors supporting each other in reflective learning is the Balint groups for GPs.[8] The fact that members of these peer groups value them very highly supports the fact that reflective learning might be useful during the doctor's lifelong career.

References and notes

[1] McClelland DC. - The achieving society. Princeton: Van Nostrand, 1961.

[2] Schaub-de Jong MA, Cohen-Schotanus J, Dekker H, Verkerk M. - The role of peer meetings for professional development in health science education: a qualitative analysis of reflective essays. Advances in Health Sciences Education: Theory and Practice 2009; 14(4): 503-13.

[3] Frank JR, ed. - The CanMEDS physician competency framework: better standards, better physicians, better care. Ottawa: Royal College of Physicians and Surgeons of Canada, 2005.

[4] Luft J(o) and Ingham Harrington - The Johari window: a graphic model of interpersonal awareness. Proceedings of the western training laboratory in group development. Los Angeles: UCLA, 1950.

[5] Cox J, Campbell AV, Fulford BKWM. - Medicine of the person: faith, science and values in health care provision. London: Jessica Kingsley Publishers, 2006.

[6] Tournier P. - A Doctor's Casebook in the Light of the Bible. London: SCM Press, 1969:133.

[7] Tournier P. - The Healing of Persons. London: Collins, 1965:192.

[8] It was Michael Balint (1896 Budapest – 1970 Bristol), a psychoanalyst, who started groups for GPs in the 1950s to study the doctor-patient relationship. In his book 'The doctor, his patient and the illness' (1957) he used the term 'patient-centred medicine'.
A Balint group is a stable group of 6-12 doctors usually led by a social-scientist. It meets regularly, say once a month, for 1-2 hours in the same composition. Its goal is to improve the self-understanding of its members by practicing reflection skills. It is about relationships and attitudes. It requires a lot of trust, because the members must be willing to confess weakness.

Student Presentation – Anne WIL VELDMAN

Good morning, my name is Anne Wil Veldman. I am in my fifth year of medical studies at the University of Groningen. At the moment I am in my second clinical year in Zwolle.

Last year I took part in the peer group of Anita Verhoeven. In a few minutes I will talk about my experiences with reflective learning in this peer group.

During the clinical rotations, I had a meeting with my peer group once a week. Each meeting had a few elements. All elements were based on learning to be a professional doctor.

The meeting started with talking about our experiences in the past week. Each student spoke about what they had done and seen in the department of the hospital the student stayed for a couple of weeks. Because every student went to different departments during the clinical rotations, it was helpful to exchange experiences . We could say what we wanted, we could say what was difficult. Hearing about each other helped me to widen my view on all the different departments of the hospital. And beside that I recognized that every student was having similar problems, so I realized I was not the only one. An example is how to familiarize yourself with the daily work on a specific department. Many students needed a few days to get to know how everything worked. Because we shared this I felt more comfortable in the clinic and also in the group. During the sharing time we could ask each other questions and we could learn about how everybody went through the clinical time. We gave each other tips for example about which doctors or junior-doctors are best to approach for walking along with or what you could best do on a day in a specific department, how a department worked and so on. We also talked about difficulties in the study, for example about how to prepare for an oral examination. And we talked about specific clinical experiences, like patients with medication-intoxication, or intensive-care patients or patients on their deathbed. In these specific examples it was good to share with peers and to have the opportunity to talk about our feelings in these situations. Especially when we talked about our feelings, I became aware of what is going on and which feelings I had. We learned to be aware of our feelings and how to handle them. And by talking about our feelings we could give it a place in our lives. Speaking with each other about our experiences taught me to look at the way I work, it stimulated me to self-reflection. I have been inspired to look from a distance to my activities. This keeps me sharp instead of walking along in the routine of the day. So, through the experiences and reflecting in the peer group I could become more myself.

When every student has spoken about their clinical experience of the past week we collected the different discussion points coming through and together we choose one problem to discuss in this peer group meeting. We used a standard peer mentoring model, which Anita has already told us about. At the start of the year it felt quite difficult to discuss a problem using a strict order of steps. But after a while we got used to it and it became more and more natural. The model helped us to talk a problem through with a structure and it made the problem clearer. We learned to ask questions going a level deeper. Besides that we were forced to ask each other questions so that the problem would become clearer and we could get a better grip on the problem. In short, a model can help a group in seeking a solution. During the year everybody had to bring in at least one case. That made me aware of my clinical experience and problems I face during my clinical rotations. In this way I became aware I didn't need to accept how things normally go, but it made me able to choose out of different situations the best one possible. After we had spoken about a problem and solutions it was nice to hear that most of the time the student who brought in the problem, thanked the other students for the advice. Together we invented different kind of solutions which alone we would not be able to do. We learned to think along with the problems of someone else. By doing that we learned to think inventive and solution directed. Next to that we learned to move in someone else.

At one of the last meetings we spoke about the balance between working and free time. One student told us about his experience coming home in the evening and being so tired, that he could do

nothing else other than fall asleep while watching television. He felt like he was going from clinical day to clinical day and having no time left for friends or anything else. He asked himself, is this what I want my future to be like, only working and having no time left for anything else. In our peer group we talked about the reasons feeling so tired while experiencing a shortage of free time. We noticed that especially in the first week of a new clinical rotation we were really tired. We talked about how important it is to set priorities in leisure activities, and how important it is to stay in contact with friends and family. Because we realized we would do this kind of work not only for one year, but probably for all our clinical rotations until the end of our studies and at least for the time we'll be junior doctors. We concluded that we need to regularly review the balance between work/study and free time/social contacts. By sharing our worries we prepared ourselves for a busy doctors life.

As part of our portfolio, we wrote reports of the progress of our reflective learning concerning our peer groups-experiences and our view of medical ethical dilemmas. Because we had to give words to our developing thoughts, it forced me to think it through and to make choices. It forced us to think about our professional capabilities: our experiences, our attitude and our knowledge: what is my view, do I make progress, where do I want to work on, and so on. I discovered I enjoy thinking through broad medical subjects and at the same time I realized how difficult our profession is.

During the past year, we got to know each other in the peer group on a deeper level. But it became clear that many students were dissatisfied about the process during the group meetings. The cause was the uninterested behavior of one or two students. Many of us felt unsafe in the group. This obstructed some students in their learning progress. But how do you bring this up and how do you know you're not the only one who feels this? We were able discuss this feelings of being unsafe during the personal interview we had for our half year evaluation with our coach Anita. During the next meeting we took the time to talk about the situation in our group. We talked it through by saying what we saw happening, by saying what we thought about that and by saying which consequences that behaviour had. So by saying I saw you doing this, and then I thought this and the effect was this. This progress guided several student to self-knowledge. And the indifferent student heard about the consequences of his behaviour. Probably he wasn't aware of it before. This progress of reflection changed the group culture and stimulated our learning process for us as group. Besides that I learned to express my feelings and to do this tactfully but also honestly. I learned to reflect on positive points and negative points. And I learned to receive feedback. Also it is a good experience for every future groups process. Especially because we have to work together in a lot in the medical settings.