

# Critical Reflection to Improve Learning and Practice

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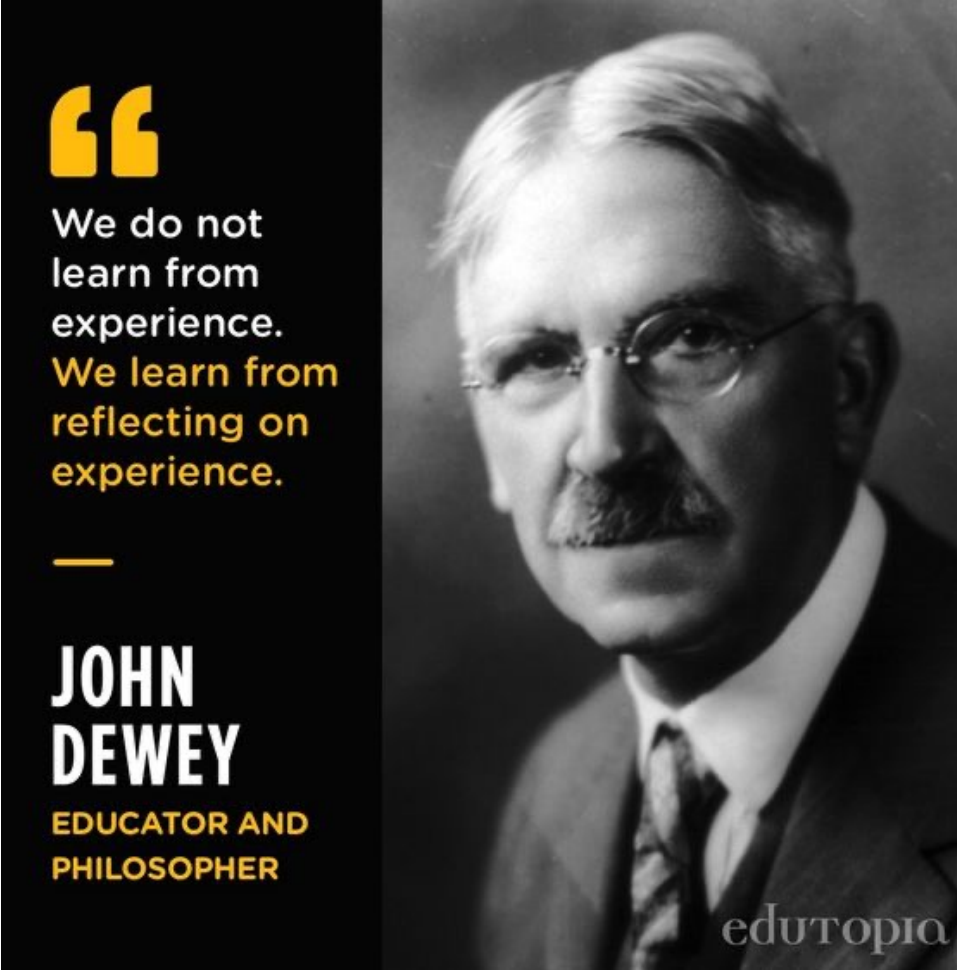
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“

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

—

**JOHN  
DEWEY**  
EDUCATOR AND  
PHILOSOPHER

edutopia

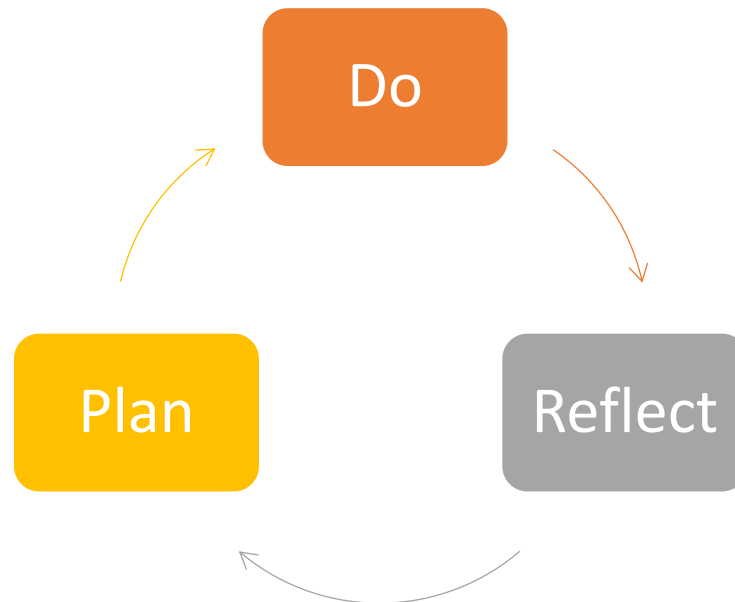
Dewey J. *How we think: a restatement of the relation of reflective thinking to the educational process.* Lexington, MA: D.C. Heath, 1963.

# Learning objectives

- Define critical reflection.
- Discuss the educational benefits of critical reflection.
- Reflect critically on your learning experience and outcomes.

# Definition

- Critical reflection is a process of critically analyzing and evaluating an experience in order to **improve future practice**.
- It is **NOT** just describing what happened.



# Features of critical reflection

## Linking past, present, and future

- Cognitively and emotionally engaged
- Share the decision made and rationale
- Evaluate your own performance
- State the lessons learned
- A specific plan for future learning or behavior.

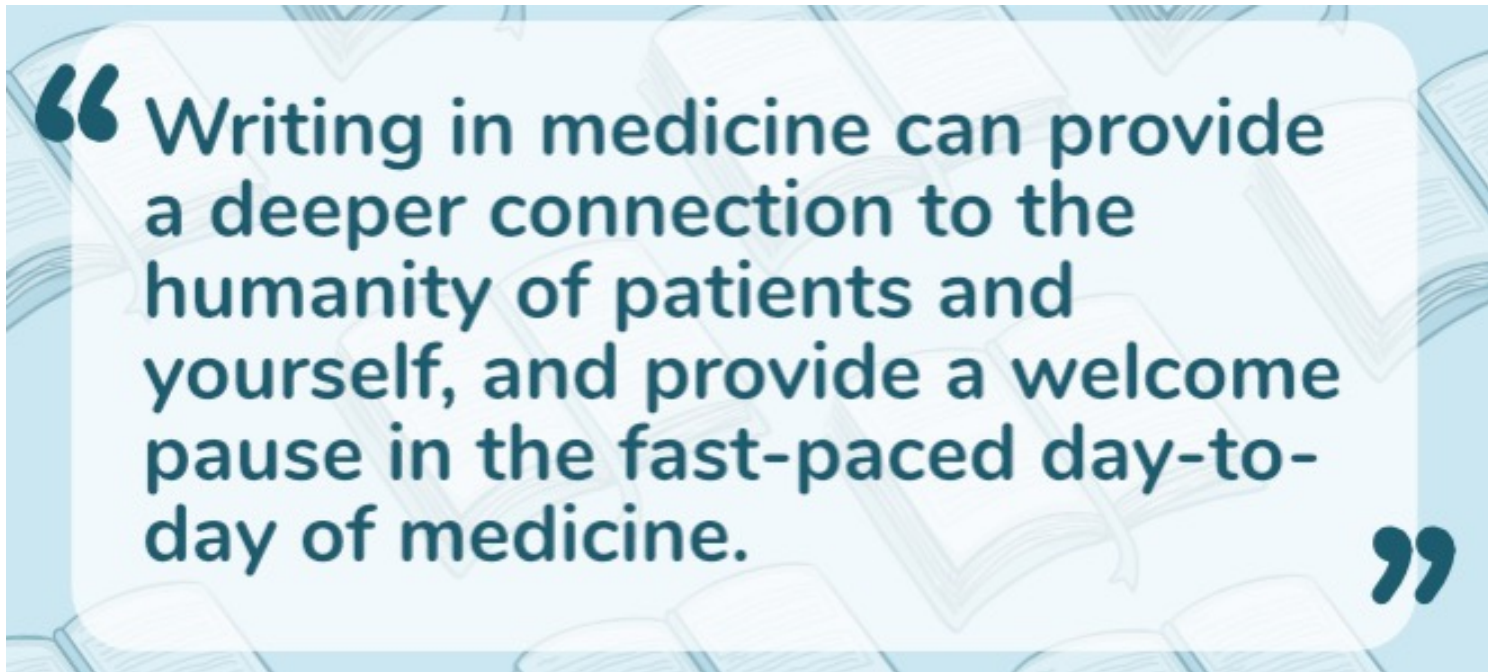
# Benefits of critical reflection

- Education related benefits
  - Develop self-assessment skill
  - Identify your areas of strengths and weakness
  - Become more effective (reflective) learners
  - Become lifelong learners
- Practice related benefits
  - Become better oral healthcare providers

# Benefits of critical reflection

- Sandars, J. The use of reflection in medical education: AMEE Guide No. 44. *Medical teacher*; 2009; 31(8): 685-695.
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- Victoroff KZ, Hogan S. Students' perceptions of effective learning experiences in dental school: a qualitative study using a critical incident technique. *J Dent Educ* 2006;70(2):124–32.
- Boyd LD. Reflections on clinical practice by first-year dental students: a qualitative study. *J Dent Educ* 2002;66(6):710–20.
- Gadbury-Amyot CC, Kim J, Palm RL, Mills GE, Noble E, Overman PR. Validity and reliability of portfolio assessment of competency in a baccalaureate dental hygiene program. *J Dent Educ* 2003;67(9):991–1002.

# Medical student perspective



– 3<sup>rd</sup> year medical student. UC-Berkeley-UCSF Joint Medical Program.



# Medical student perspective

“From day one of my longitudinal family medicine preceptorship, I began writing after every clinical experience, titling the entries ‘**Patient Encounter Diary**’. In each entry, I would write about the patients I saw that day, patterns I observed, the flow of the clinic, my interactions with my preceptor, or how patients’ stories had moved me. By doing this **weekly**, the writing began to flow more easily and I realized how much I was processing: this exercise was helping me build a strong foundation of medical knowledge and also revealing what type of doctor I wanted to be. I began appreciating the process of reflection and also my ability to document the evolution of my clinical experiences. ”

– 3<sup>rd</sup> year medical student. UC-Berkeley-UCSF Joint Medical Program.

# Things to reflect on

- Positive experience
  - **Example:** A difficult but well-performed procedure
  - → Build confidence; repeat again
- Negative experience
  - **Examples**
    - A missed diagnosis
    - A failed procedure
    - An unsatisfied patient
  - → Lessons learned; improve future practice

# Stages of reflection

- **Level 1: Non reflective-Habitual action**
  - Superficial **descriptive** writing. Fact reporting, **vague** impressions, without reflection.
- **Level 2: Non reflective-Thoughtful action**
  - Elaborated **descriptive** writing. Fact reporting, **clear** impressions, without reflection.
- **Level 3: Reflection**
  - Movement beyond descriptive writing to reflecting. Attempting to **understand, question, or analyze** the event.
- **Level 4: Critical reflection**
  - Exploration and critique of **assumptions, beliefs, and/or bias, and the consequences of action** (present and future).

# Reflection in medicine

## Example 1: Non-reflective

I was involved in a patient confrontation; the patient was unhappy with her hospital stay and wanted to be discharged home. Unfortunately she required a package of care and so could not be discharged. I explained this and she returned to her bed. I was happy I had explained everything to her and continued with my other jobs.

**Question: Which level ???**

# Reflection in medicine

## Example 2: Reflective

**Who, what, and why?** I was involved in a patient confrontation; an elderly patient was unhappy with hospital stay and wanted to be discharged home. She was under our general surgical team for a head injury and observation after normal CT head. She had been seen our ward round and told that she was medically fit for discharge but still awaiting social services: her house has been reviewed and deemed unsafe so she was waiting for banisters to be installed. The issue was raised with me by chance as I was doing other things on the ward. I explained this to her and although she remained annoyed I was able to make her understand what the delay was and she returned to her bedside. She did not seek further clarification that day.

**How did it make you feel?** At the time I felt **rushed and frustrated**. I had a lot of other work to be done and this was distracting from that. She had already been told she was waiting for social services in the morning. I understand why this was difficult for her but did not think I would be able to do anything to help.

**Why did it happen?** **The morning round was quite rushed and so our explanation was limited** to telling her we were waiting for social services. I can understand from her point of view this may have meant very little, and so my explanation of what exactly we were doing may have relieved some frustration. Having been waiting up to this point, it is no surprise she continued to be angry but may have been accepting of this plan.

# Reflection in medicine

## Example 2: Reflective (Continued)

**Could you have done anything differently?** I think my explanation was very good, and the patient seemed happy with this, although I did not give a rough idea of how long this would take. It may have been useful to have spoken to the sister in charge to ask for what progress had been made to feed back to the patient. Also I did not ask her whether she was happy with this explanation: I may have been able to satisfy her frustration further by answering a few more questions or even recognize any other issues at home that may need addressing before discharge. Although the information given in the ward round was correct, it was not understandable to the patient. If this had all been quickly clarified in the morning, the patient would have been happy throughout the day and not caused a problem later on.

# Reflection in medicine

## Example 2: Reflective (Continued)

**What will you do differently in the future?** I think that the route problem in this situation was our explanation on the morning ward round. Furthermore, I am not sure how long such issues take to be addressed. **To avoid a similar situation in the future, I will** speak to the other health care professionals on the ward to get a round idea of how long occupational interventions such as this and other community interventions take to start. This means **when future patients are medically fit I** can spend a moment in the morning informing them of what needs to be done and how long it may take. Hopefully this will allow me to address patient concerns early to avoid them becoming an issue when it is too later.

**Question: Which level ???**

# Reflection prompts

## 3-3-3

- 3 things you learned that day.
- 3 things you are going to look up.
- 3 things you are grateful for from the day.



# Reflection prompts

## 3-2-1

- 3 things you have learned in today's session.
- 2 ideas for application (or: 2 things that surprised you.)
- 1 more thing you want to learn about this topic (or: 1 question you still have.)

# Reflection prompts

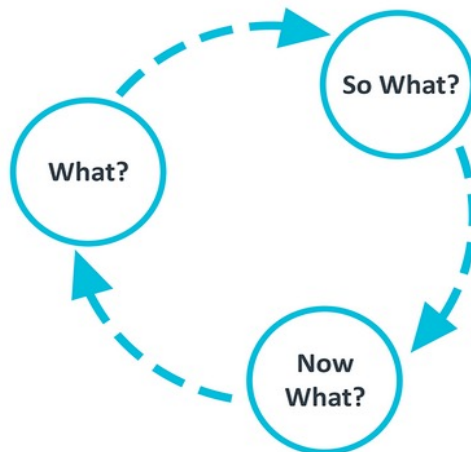
## Strengths & Opportunities

- What went well? What did you do well?
- What didn't go well?
- How will you improve it next time?

# Reflection prompts

## What? So what? Now what? (Driscoll, 1994)

- **What?** --Facts and feelings.
- **So What?** --What did you learn? What could you have done differently?
- **Now what?**-- Action plan for the future.



# Reflection prompts

## Critical incident reflection

- Describe a particular event/case of the day?
- Why is it significant to you?
- What challenges did you encounter?
- What did you do to address them?
- Did it work out well? If not, possible reasons?
- What could you have done differently?
- What did you learn from it?
- How will it influence your future behavior?

# Reflection prompts

## CARL framework

- **Context:** Describe the context of you experience.
- **Action:** Explain what actions you took and rationale.
- **Results:** Explain what happened as a result of your actions.
- **Learning:** Identify what you have learned.



# Reflection prompts

## Before, During, and After (BDA)

### **Before going to the site/rotation**

- Describe your goals for this practicum experience.

### **First visit**

- Describe and reflect on your first impressions.

### **Periodic entries**

- Describe your experiences at the site (successes, challenges, etc.).

### **Final reflections**

- What are your most important lessons from this experience?