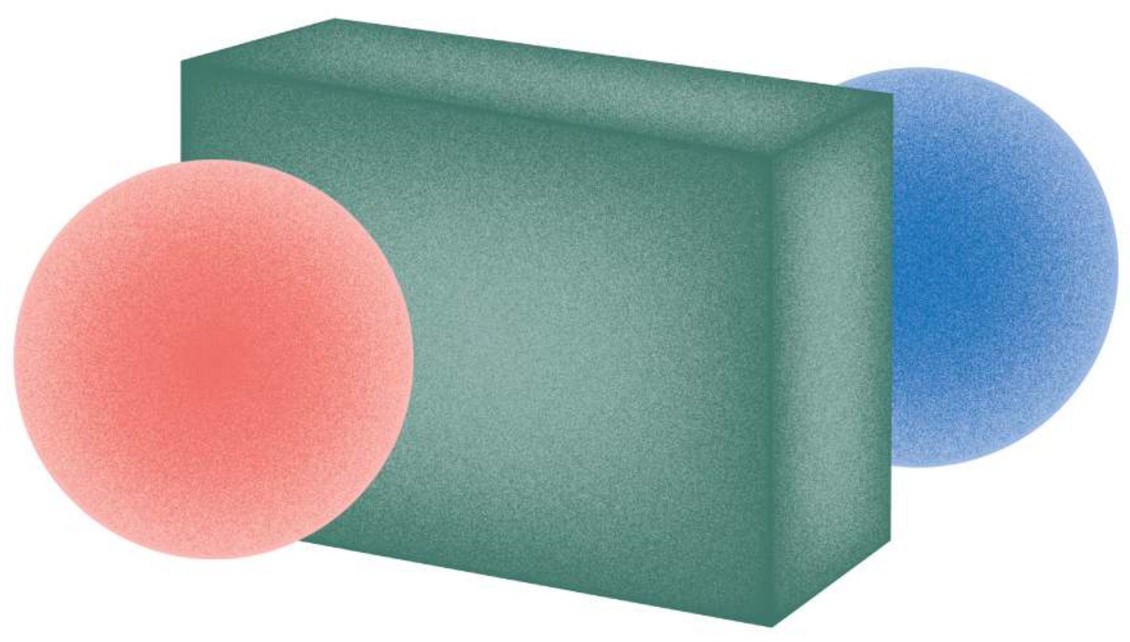
A Culture of Reflection in Practice at the Dutch General Practitioner's Specialty Training



Sven Schaepkens

A Culture of Reflection in Practice at the Dutch General Practitioner's Specialty Training

A Culture of Reflection in Practice at the Dutch General Practitioner's Specialty Training

Een reflectiecultuur in de praktijk binnen de Nederlandse huisartsopleiding

Thesis

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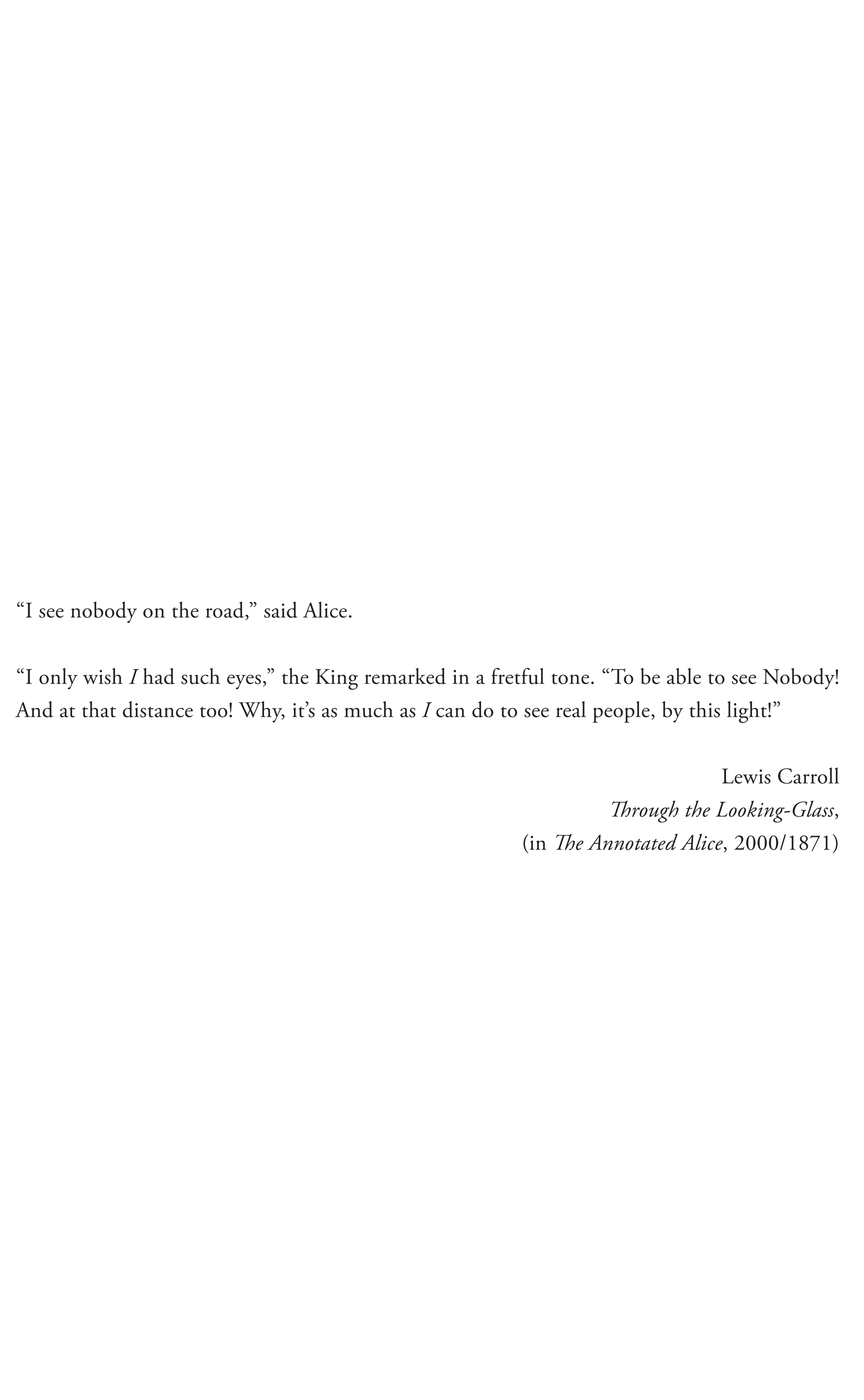

"I see nobody on the road," said Alice.

"I only wish *I* had such eyes," the King remarked in a fretful tone. "To be able to see Nobody! And at that distance too! Why, it's as much as *I* can do to see real people, by this light!"

Lewis Carroll
Through the Looking-Glass,
(in *The Annotated Alice*, 2000/1871)

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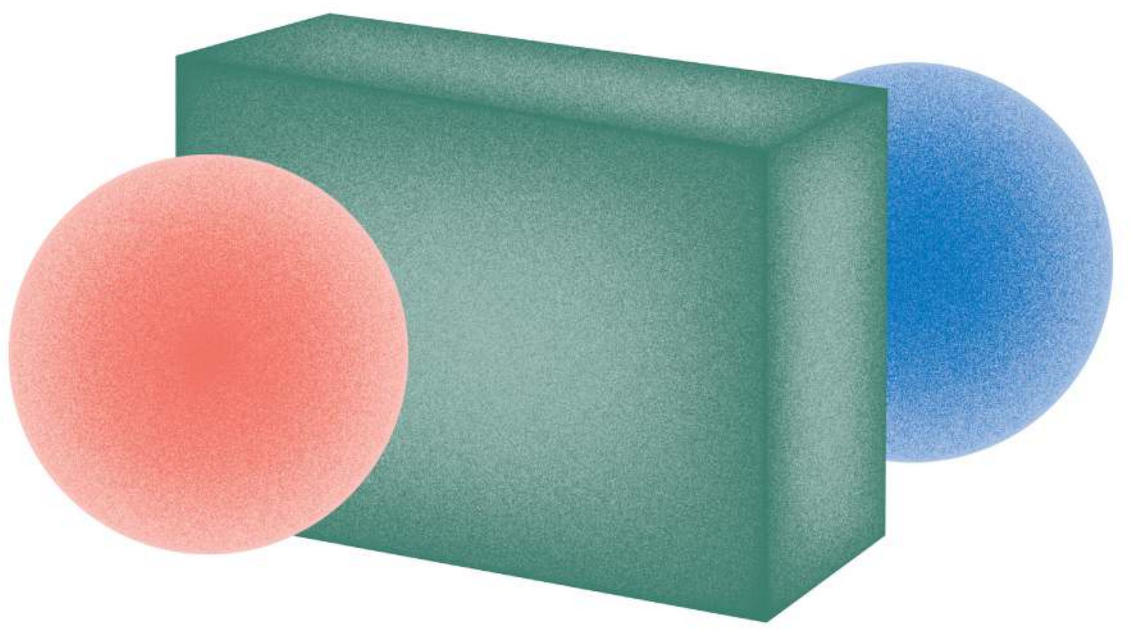

Chapter 1

GENERAL INTRODUCTION

GENERAL INTRODUCTION

The goal to reflect: humans, not computers

Imagine you are a GP registrar, and you find yourself in a situation that is not quite how you were taught in your health professions training. You improvise; like a jazz musician[1] you work with the basic melody that your educators taught you, while adapting it to what your new surroundings require.[2] Afterwards, you speak to your peers and tell them what happened. You exchange experiences and hear what they would have done; you and your peers (re)calibrate your professional standards of excellence. During all these moments, it is possible that you have reflected.

A goal of good health professions education is to further refine the capacity of people to reflect for being a professional in health care. Since, in the bleakest of worlds that go without any reflection, health care would resemble work that simple computers do.[3] Protocols would be learned and then perfectly replicated, but without any regard for particular adaptations that situations require.[4] Health care professionals, however, are not computers. They can be surprised[1] by a situation that requires them to adapt protocols, reconsider their clinical reasoning, adjust their stance critically[5] in complex engagements with patients in light of power dynamics or personal values, and transform how health care systems function. Making reflection professionally valuable and concrete is of the utmost importance for training competent health professionals who are not stuck in blind automation and computation. They are attentive to "surprise, puzzlement, or confusion in a situation which [they] find uncertain or unique,"[1(p. 69)] and that could lead them to novel understanding and change. Setting the goal of making reflection valuable and concrete is easier said than done.[6,7] This thesis will provide insight into ways how health profession learners, educators and supervisors can make reflection valuable and concrete, and how researchers can support them in this educational process.

Reflection, a challenging phenomenon to teach and research

While reflection is important in health professions education, it is challenging to reach the goal of making reflection valuable and concrete.[7] Furthermore, there are challenges that researchers face when helping educators reach this goal.[6,8] In this section, I will describe the research context, and how finding answers to these challenges will help us fend off reflective zombies.

Context

This thesis is about reflection in health professions education, particularly in the Dutch GP specialty training. Competent GPs are able to reflect on their own competencies, and it is essential[9] during and after training.[10] Since the 1970s, the (nowadays three-year) GP specialty training has nurtured a culture of reflection.[11] To this day, GP registrars come to the university once every week and start the day with a fixed group of 10 to 12 registrars for a *Learning from Experience* (collaborative reflection) session under the supervision of two educators.

Furthermore, registrars reflect in pairs with a coach and focus on personal growth, are taught additional reflection techniques, collect learning materials in portfolios[12] and discuss experiences with their GP supervisor during their onsite learning at the GP practice.[13] In sum, through the organization of its education, the Dutch GP training institute firmly establishes the importance of reflection as an integral part of becoming a competent GP. However, despite all this institutional support, making reflection education valuable and concrete can still be a complex undertaking.[12,14]

The challenges of measuring reflection and zombie behaviour

Both educating and researching reflection can be challenging. Here, I will explain what the challenges are. Mapping these complexities helps us understand what educators and researchers could do to help health professions learners become reflective professionals in (GP) health care.

While most individuals have an intuitive feel about reflecting, and one way or another have likely experienced reflection (although some more often than others), it is complicated to observe reflection directly. It is elusive because it is something we can do seamlessly when we think and tinker with problems that face us. A standard procedure in education and research to make reflection visible is devising "a more defined construct of reflection, with clear outcomes, [that] could lead to the development of benchmarks useful in tracking student progress and as research outcome measures."[8(p.202)] Once such neat and empirically validated parameters exist, they can be described in clear and stepwise models[15-17] that pinpoint how, when, and to what extent successful reflection occurs.

Ideally, the evidence-based models that describe reflection in clear steps can be used in health professions education to teach learners how they can reflect effectively. The models allow learners to make their reflections systematic and visible to others in conversation or writing while educators can use the models to assess the quality of reflection in fair and precise ways. For instance, one should first describe a situation that occurred in the past that is somehow noteworthy, then one should think about what went wrong or could have gone differently, and then question[17] how one can adapt one's actions in future circumstances, and perhaps mention how this experience influences one's personal growth and values.[15] However, researchers flagged that there is no definitive consensus about what reflection exactly entails, mainly "due to the complexity of reflection itself."[6(p.13)] Thus far, multiple definitions exist, which leaves researchers struggling with conclusively describing reflection processes, properly quantifying the outcomes of reflection, and accruing solid evidence for whether and how reflection leads to desired outcomes.

Although typologies[17]and stepwise models[15] of reflection can be helpful as general guidelines, one can still question the approach to capture reflection in simplified models[18] and consequently treat reflection as an observable skill that produces measurable outcomes.[19] One problem is that reflection models and typologies conceptualize reflection in generalized terminology, making it hard to understand how reflection happens concretely in lived education

settings. One of the fathers of reflection in education, philosopher and pragmatist John Dewey, already noted this challenge in 1933, in a detailed analyses of how we think and reflect.[20] First, he distinguished five phases, but he also wrote that these phases in practice function organically, and “do not follow one another in a set order.”[20(p.115)] Second, he warns that some readers of his analysis might get the idea that learners should be made conscious of the five phases, and “formulate these various phases as a means of intellectual control.”[20(p.283)] On the contrary, Dewey argued that educators should use the knowledge of how people think to create educational conditions that “will most likely call out and direct thinking.”[20(p.283)] Teaching the five phases to learners is thus neither educationally desirable nor the point. Additionally, models could divert precious attention away from what learners and educators actually (should) ‘do’ at a worm’s-eye view. For instance, the process of looking back, relaying an experience[21,22] and soliciting expertise[23] can be done with an intricate and potentially infinite repertoire of educational and social interaction strategies[24,25] that breathe oxygen into sterile conceptualizations of reflection. The meaning and value of reflection are not primarily safeguarded in understanding the rule ‘that one should look back’, but they flow from particular applications of such rules in practice.[26] My thesis exemplifies this reorientation towards practice.

A second problem with educating and researching reflection is that reflection is private.[27] One can never truly observe if someone else’s reflections that are shared in conversation or in writing are truly genuine or mere performance.[7,28] Furthermore, since there is a tendency in health professions education to assess learning outcomes, including reflection,[29] learners are known to say “they liked it when you said you cried.”[30] The desire to monitor reflection can escalate the danger of health profession learners reproducing what the educators want to hear. In other words, the reflective zombie is born.[7] Students say they reflect, but in essence they are merely doing a task to say what the educator wants to hear without much meaning or value beyond receiving the passing grade.[12,29]

In conclusion, there are two concurrent processes in health professions education and research that come together in reflection. On the one hand, there is a significant group of researchers that fashion a promise that their research allows reflection to be directly revealed and measured, based on generalized rules about what reflection means.[15] On the other hand, health professions educators tend to skillify[31] reflection by monitoring, assessing[29] and validating it as an educational outcome that can be controlled. Negatively speaking, these two inclinations reinforce a downward spiral of turning valuable and concrete reflection into a zombie-like tick-the-box skill.[28] Therefore, we need to ask what we as health profession educators and researchers could do differently to prevent the zombification of reflection.

Why philosophy is important for researching reflection

In the previous section, I described how educating and researching reflection can influence each other negatively by aiming to make reflection available for immediate monitoring. However, if we take seriously the idea that reflection cannot straightforwardly be observed, defined and

measured, what can researchers and educators do to still make reflection in health professions education meaningful? To answer this question, I first need to explain the underlying problem that researchers and educators do not always sufficiently acknowledge the (conceptual) limitations that reflection poses on research and education. Understanding what these limitations are requires a turn to philosophy that can help map and acknowledge them. This understanding can also open up[26,32] other ways of approaching reflection that respect its limitations and still make reflection valuable and concrete.

Philosophy is "an academic discipline specialized in analyzing and understanding the wider processes of the constructing of theories, questioning their hidden background premises, and revealing and examining the values affecting (…) human practices."[33(p.325)] In my case, philosophy helps me map the conceptual limitations of reflection, and why reflection cannot - and perhaps should not - always be straightforwardly observed, measured and conclusively defined. Consequently, once researchers and educators accept these conceptual limitations, philosophy can show a way forward, and aids searching for alternative approaches.[3,34]

In short, with my philosophical approach, I map and describe three limitations (which I will summarize in detail in the *Discussion*). First, reflection is a complex concept; second, reflection is a human capacity that can be very malleable; third, reflection is not a solely linear process. Acknowledging these three limitations led me away from focussing on the 'correct' definition of reflection that would allow me to measure its outcomes. Although such research can be valuable for health professions practice,[35] I focus on how reflection appears in and manifests as a practice[26] within a *culture of reflection*.[36,37] I understand this culture as a culmination of norms, values and beliefs that are expressed in the culture's language[26,38] and education practices.[26,39,40] On the one hand, the culture is sufficiently stable, and its practices are not purely accidental; on the other hand, the culture is open to change. Therefore, understanding what 'doing reflection' entails within a particular culture of reflection requires a meticulous analysis of its practices and language. For this thesis, the context is the Dutch GP specialty training with its established tradition of reflection education.[41]

Researching reflection as social interaction

In order to make reflection valuable and concrete for practitioners, I have focussed my research on institutional situations wherein Dutch GP registrars are expected to reflect. In order to map the reflective culture, I first made use of previous knowledge about this context,[11,42] and asked registrars how they themselves construct reflection. This provided original insight into their perspective of reflection and the broader cultural tenets. Second, I looked at social interactions in *Learning from Experience* and GP registrar–supervisor meetings, in order to capture and describe what happens when GP registrars, educators and supervisors indicate they are 'doing reflecting'. Here, I will detail what this social interaction approach entails.

From an interaction perspective, we inherit (institutionally embedded) social interaction practices that open up certain possibilities of doing things with language while subduing oth-

ers.[41] For instance, in *Learning from Experience* sessions, I saw that some educators suggested to their registrars that besides negative or problematic experiences, registrars are also allowed to share positive experiences during the sessions. This orientation of educators on correcting a particular action in a reflective setting is telling for how language use can open or close reflection pathways. Often, at the beginning of a *Learning from Experience* session, GP registrars and educators make an inventory of cases[25] that could be discussed during the session. One way to prioritize cases is with a colour system: green cases are usually fun or otherwise interesting to share, while orange cases could be more serious, and red cases require immediate attention. One can imagine that orange and red cases receive priority, as they are frequently the more problematic or challenging experiences. Thus, after registrars work with this priority system for a year, it could socialize them into concentrating on the problematic and challenging side of experience, while positive experiences drift out of sight. The institutional message that shapes the culture of reflection is that reflection often should occur with negative experiences. This is just one example of how the organization of social interaction impacts reflection.

The colour priority system is a small part of a wide-ranging interaction repertoire that shapes the culture of reflection that learners and educators are more and sometimes less aware of. While educators, supervisors and learners inherit institutional practices and language that are handed down to them, these are not completely predetermined. If they are made aware of what they do with their language and practices, and what effects these have on the culture of reflection, it will allow them to attentively[43] apply or innovate their repertoire. For instance, if educators and learners wish to emphasise positive experiences, they could use the green-orange-red priority system differently, or adopt an alternative priority system altogether. Therefore, I conducted my empirical research of a culture of reflection that is shaped by social interactions, and I have used Discursive Psychology (DP) and Conversation Analysis (CA) to do so.

DP and CA are the suitable methodologies to map the Dutch GP culture of reflection, since they provide very refined research tools and methodological foundations[44,45] to analyse social interactions. Generally, DP focusses on "the construction of psychological issues within discursive practices."[44(p.40)] By looking at (fundamental) elements of social interaction, for instance how participants question others, use metaphors, or assess something, DP uncovers how social interactions shape psychological phenomena such as reflection.[21,22,44] While there is overlap between DP and CA, CA is more concerned with uncovering the machinery of interaction.[46] A basic goal is identifying actions (such as asking, telling, inviting), and describing what features (practices) of the turn design participants mobilize to achieve them,[45] as these are situated in the context of a sequence of turns.

From an educational perspective, the DP and CA interaction studies generate value, since they allow educators and learners close inspection of real practices[47] that shape their reflection education. My research thus functions like a mirror that is made out of naturally occurring social interactions that are neither simulated nor reimagined. After looking in this mirror, educators, supervisors and learners can attentively[43] (re)shape reflection into a concrete and

valuable activity that suits their particular needs and values. From a research perspective, knowing what reflection looks like in the dynamic environment of social interactions at a worm's-eye view, allows researchers to further sharpen and enrich[48] theoretical understandings of reflection.

Structure of this thesis

This thesis is divided into two sections. First, I will present three philosophical studies that tackle the conceptual complexity and limitations of reflection. These philosophical studies provide key arguments for pursuing social interaction research to study reflection, which I will present in the second section. Finally, I will conclude this thesis with a *Discussion* wherein I elaborate on the scientific and educational value of this thesis.

Section 1

In chapter 2, I will discuss two main ways (one 'technical' and another 'dynamic') reflection is being studied in health professions education research, and why it is unlikely that reflection will yield a stable definition that receives any unified consensus. In chapter 3, I will present why much research in health professions education on reflection finds a multitude of benefits of reflection, which almost turns reflection into a panacea. In chapter 4, with the analytical lens of time, I will show how the outcomes of reflection for one's professional growth are not solely linear, but also unstable and open. Combined, these three chapters demonstrate three limitations of reflection and how it is conceptually unstable, which requires a different approach to researching reflection, in my case, studying social interactions that occur in the Dutch GP specialty training's culture of reflection.

Section 2

In chapter 5, I present a focus group study wherein I analyse with DP how Dutch GP registrars construct reflection. This yields insight into how they speak about reflection in a nuanced manner, and shows how they construct value in relation to doing reflection in practice. This study functions as a first look at the Dutch GP specialty training's culture of reflection. In chapter 6, I have studied the emotional dimension in *Learning from Experiences* session with CA, and mapped some ways of how registrars and educators manage to address emotions. In chapter 7, I shed light on how registrars, educators and supervisors deal with resistance during argument sequences in group reflection sessions and GP registrar–supervisor meetings with DP. These three chapters cast light on some key parts of the reflection repertoire that educators, supervisors and registrars use that shape a culture of reflection in their education.

Finally, I will conclude this thesis with a discussion (chapter 8). I will review the results of the six studies in relation to shaping a culture of reflection from a scientific and educational perspective. I will also address how my research can be used in practice by conducting workshops for faculty and learners in health professions training. In particular, I will elaborate on how our research team has translated the results into a practice handbook about reflection to

support the creation of a positive reflection culture, titled *Een boek zonder antwoorden. Over reflectiegesprekken* (2023). For this handbook we have developed an artistic, graphic design approach to help us communicate the scientific results and philosophical insights to health professions educators, supervisors and registrars.

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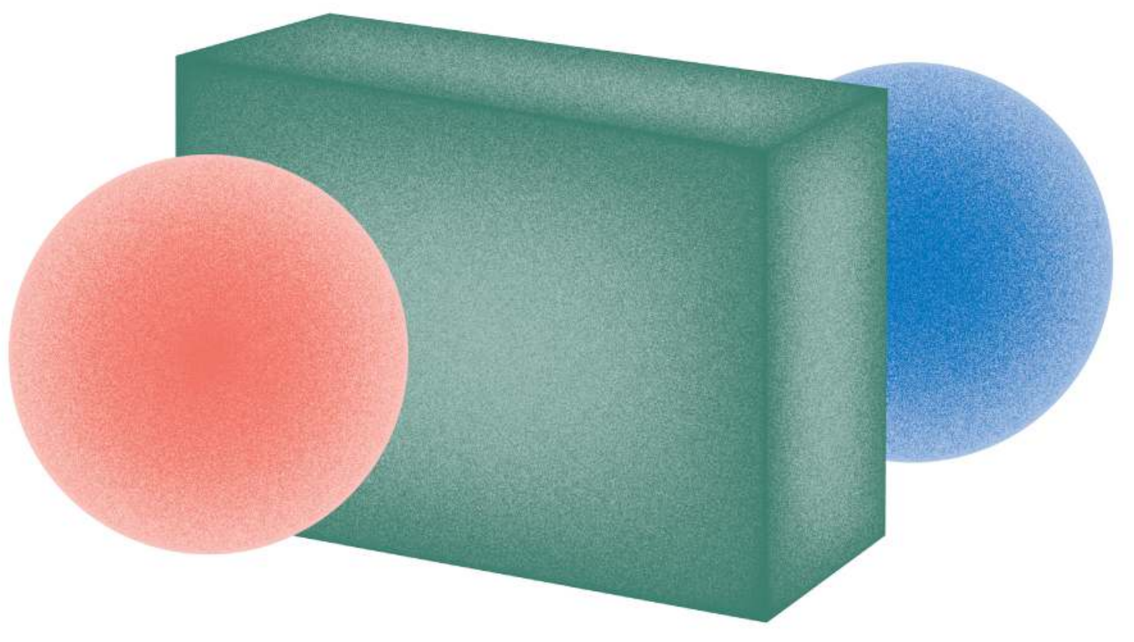

Chapter 2

Is reflection like soap? A critical narrative umbrella review of approaches to reflection in medical education research

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ABSTRACT

Purpose

Reflection is a complex concept in medical education research. No consensus exists on what reflection exactly entails; thus far, cross-comparing empirical findings has not resulted in definite evidence on how to foster reflection. The concept is as slippery as soap. This leaves the research field with the question, 'how can research approach the conceptual indeterminacy of reflection to produce knowledge?'

Method

The authors conducted a critical narrative umbrella review of research on reflection in medical education. Forty-seven review studies on reflection research from 2000 onwards were reviewed. The authors used the foundational literature on reflection from Dewey and Schön as an analytical lens to identify, and critically juxtapose common approaches in reflection research that tackle the conceptual complexity.

Results

The authors identified two main approaches. One response is 'technicist' in nature and aims to tame reflection's complexity by seeking conceptual consensus on its precise meaning. From this perspective, stricter benchmarks allow for better theoretical models, operationalization, measurement and research outcomes, in order to validate didactic instruments that foster reflection. The other response is 'dynamic' in nature, and sees reflection as fundamentally rooted in practice. Practice is social and contingent, and denies the ideal of a unified model of reflection.

Conclusions

Research on reflection must deal with the paradox that every conceptualization of reflection is either too sharp or too broad because it is entrenched in practice. The key to conceptualizing reflection lies in its use and purpose, which can be provided by *in situ* research of reflective practices.

Keywords

Critical narrative umbrella review, philosophy, reflection, technicist and dynamic, theory and practice

INTRODUCTION

The concept of reflection entered medical education based on new insights about what matters for becoming a competent professional (Sandars, 2009). Many undergraduate and specialty medical education programs include reflection to help medical trainees develop into competent professionals. Additionally, various theories about learning integrate reflection in their models, of which Kolb's experiential learning is a prominent example (Caty et al., 2015; Coffield et al. 2004; Roessger, 2014). The main purpose of research on reflection in medical education is to support practice and its practitioners. Nonetheless, there is tension between theory and practice (van Enk and Regehr, 2018).

The reflective path towards professionalism is slippery like soap. Reflection is a complex phenomenon that lacks a theoretically unified concept. Empirical research on reflection shows a wide variety of methodological approaches (Fragkos, 2016; Mann et al., 2007). Some suggest that this is "due to the complexity of reflection itself, lack of consensus, and variability in educators' understanding of the reflective process" (Uygur et al., 2019, p. 13). The multitude of definitions and models of reflection that currently exist contribute "to the accrual of multiple meanings of reflection" (Nguyen et al., 2014, p. 1184; Chaffey et al., 2012; Koole et al., 2011; Marshall, 2019; Roessger, 2014).

The underlying scientific problem can be captured in an analogy. If we ask adults to define soap, they might reply that soap consists of oil, lye, water and fragrance. If we ask a child the same question, she could say that it is a slippery thing that cleans dirty hands. A third reply might be poetic, like Francis Ponge's *Soap*, that it behaves like a frog and a fish (Ponge, 2015). A chemist replies with C17H35COO- plus Na+ or K+ (Brenntag, 2021). Which of these descriptions captures the essence of soap? Is the chemist's definition more fundamental than the child's? Or should we combine them all? In short, what formulation unifies our understanding of soap?

Medical education research often strives for the scientific ideal of producing theory that can predict accurately and has 'conceptual elegance' (van Enk and Regehr, 2018). However, if reflection is a complex practice and behaves like soap, it might support a wide range of descriptions. Its very nature might resist the ideal of scientific rigor that equates to predictability and conceptual elegance (Heidegger, 2002). When a concept like reflection is important for medical education, it does not automatically follow that we can scientifically measure or assess it (Veen and Cianciolo, 2020). What does this imply for research on reflection in medical education?

A skeptic could argue that researching reflection requires modesty because it is so fundamental to being human. The concept is "just too big, that is, too general and vague, for effective, real world application" (Cornford, 2002, p. 226). Contrary to such skeptics, we argue that medical education research on reflection is sensible, provided we understand how different ways of operationalizing the concept affect the research. This requires us to take a step back,

and clarify how medical education research can do justice to reflective practice without losing its conceptual and methodological integrity.

In this study, we conduct a philosophical analysis of the scholarly debate on reflection, which is challenged by its heterogeneous understanding of the concept of reflection itself. We aim to provide suggestions on how future conceptual development can take shape (Grant and Booth, 2009). Therefore, we address the questions, 'what are the possible scientific approaches to conceptualizing and operationalizing reflection, and how do these influence knowledge production on reflection in practice?'

METHODS

Study design

We conducted a critical narrative umbrella review of research on reflection (Ng et al., 2015). This was a review of reviews, and included an analysis to 'take stock' and evaluate the previous body of work (Grant and Booth, 2009). We opted for this non-systematic review since many systematic reviews have already been performed without resulting in conceptual consensus.

Data collection

We analyzed reviews of research on reflection in the broadest sense, ranging from systematic to narrative reviews in English. SS conducted a search with the search string ('REFLECTION' OR 'REFLEXIVE') AND ('REVIEW'), and ('REFLECTION' OR 'REFLEXIVE') AND ('SYSTEMATIC REVIEW' OR 'LITERATURE REVIEW' OR 'NARRATIVE REVIEW' OR 'CRITICAL REVIEW') from 2000 until 6 July 2020 in the following databases: EMBASE, PubMed, Scopus, and Web of Science. Reviews eligible for inclusion in this study either had to report empirical research on (certain aspects of) reflection in medical education and/or medical health professions, or alternatively, regardless of their disciplinary focus, provide a substantial theoretical discussion on the concept of reflection (Brown et al., 2019). We included reviews from fields other than medical education, such as the teacher education field, when they dealt with cross-disciplinary theoretical discussions on reflection. We excluded studies that solely dealt with empirical research on reflection in non-medical education contexts. These in- and exclusion criteria resulted in 47 articles that we analyzed (cf. references with *).

Analysis

Often, the purpose of reviews is to pool and assess empirical data, or synthesize literature about a phenomenon in a model or theoretical framework. For our study, however, the assessment of research and synthesized frameworks in the reviews *themselves* were the object for philosophical analysis. Philosophy is a broad field, but we understand it as "an academic discipline specialized in analyzing and understanding the wider processes of the constructing of theories, question-

ing their hidden background premises, and revealing and examining the values affecting (…) human practices” (Ruitenberg, 2009, p. 325; Holma, 2009). Philosophy can help identify different theoretical orientations on reflection, and “act as a broker or negotiator” between them, because it is not immediately obvious which approach is appropriate (Veen and Cianciolo, 2020, p. 5).

We analyzed literature reviews on reflection research by contrasting the foundational philosophical work that underpins the reviews with their assessments of reflection research. In this study, we do not describe *what* the trends are, but analyze *how* research produces scientific knowledge on reflection in alignment with reflection’s theoretical underpinnings. Using the foundational literature in this study functions like a ‘subjectivist lens’ (Varpio et al., 2020). The lens helps us recognize the field’s main tendencies that are valuable for analytical juxtaposition to highlight conceptual problems (Biesta, 2009; Davis, 2009).

RESULTS

We now present the results of our analysis by first describing the two distinct approaches to reflection research. We then describe each approach in more detail, discuss how they relate to each other based on our analytical lens, and provide further recommendations.

Two approaches

We distinguished two main approaches to studying the ‘fuzzy concept’ of reflection. The first approach aims to dissolve conceptual ambiguity (Nguyen et al., 2014). This approach portrays a pressing need for unified conceptual ground between theories and empirical studies on reflection (Koole et al., 2011; Kuiper and Pesut, 2004; Kurt, 2018; Marshall, 2019; Nguyen et al., 2014). The second approach, in contrast, does not aim at dissolving ambiguity with an all-encompassing concept of reflection; instead, it incorporates the heterogeneous understanding of reflection as a vital quality in research on reflection (Mantzoukas, 2008; Ng, 2012; Ng et al., 2015; Norrie et al., 2012; Platt, 2014; van Beveren et al., 2018).

The reviewed studies mention various scholars such as Habermas or Kolb as influential in this field, but a clear majority refer to the work of Dewey and/or Schön as foundational (Erlandson and Beach, 2008; Fendler, 2003; Fragkos, 2016; Koole et al., 2011; Miraglia, 2015; Ng et al., 2015; Richard et al. 2019; van Beveren et al., 2018). Dewey’s and Schön’s work underpins both approaches to study reflection. Although Schön responds critically to Dewey, there is a distinct commonality between them. With their study of reflection, they rethink the relation between theory and practice, and grant practice center stage (Erlandson and Beach, 2008; Farrell, 2012). Some studies question how far Dewey and Schön succeed; nevertheless, their work on reflection marks a pivotal point in this discussion (Hébert, 2015; Newman, 1999). Our ‘move’ in the philosophical analysis was, therefore, to adopt Dewey’s and Schön’s

ideas as our analytical lens. From their work, we drew the qualities of a *technicist* and *dynamic* rationale, that tie in with the theory-practice debate. We applied these two rationales to the contemporary scientific knowledge production on reflection.

Our use of the term *technicist* stems from what Schön describes as 'Technical Rationality' (Kinsella, 2007; Schön, 1983). *Technicist* indicates that professional problems are clearly demarcated and then solved by rigorously applying (scientific) theory and techniques in practice. 'Applying' implies a normative hierarchy, wherein "general principles occupy the highest level and concrete problem solving the lowest" (Schön, 1983, p. 24; Garrison et al., 2012). Theory and practice are mostly perceived as separated from each other, wherein theory is the systematic instrument bringing order to reality's chaos (Kinsella, 2007). Both Dewey and Schön challenge this dualism between rationality and practice (Garrison et al., 2012).

Our use of the term *dynamic* originates with the description that Dewey and Schön give of experience and practice. They are dynamic, in the sense that problems in practice are not clear-cut but interconnected. Practice is messy, turbulent, filled with normative tensions, disorder, and conflict which make practice indeterminate (Kinsella, 2007; Ng et al., 2020; Schön, 1983). Furthermore, "rationality emerges over time in experience" (Garrison et al., 2012, p. 42). Whereas logic is unchanging and indifferent to context, "thinking is a process" that continuously changes because thinking always "has reference to some context" (Dewey, 1933, p. 72). In the next section, we will discuss the two approaches in detail.

The technicist approach to reflection

Scholarship across the field of medical education research emphasizes that reflection is a complex phenomenon. Reflection is not seen as monolithic and one-dimensional like a switch that trainees can turn on or off. Instead, reflection moves along a continuum that happens over time (Koole et al., 2011; Marshall, 2019; Nguyen et al., 2014; Uygur et al., 2019). Such interpretations align well with a dynamic interpretation of reflection because it acknowledges that reflective practice has no clear-cut order. Nonetheless, upon closer scrutiny, studies that claim reflection is complex can still uphold technicist presuppositions that lead to particular technicist research problems and methodological solutions.

Many reviews conclude that the wide range of methodologies used to study reflection is problematic. They claim that effects of reflection are difficult to quantify and measure because multiple frameworks are in use. Cross-comparing research outcomes to harvest strong evidence yields limited results (Anderson et al. 2019; Bjerkvik and Hilli, 2019; Buckley et al., 2009; Chen and Forbes, 2014; Choperena et al., 2019; Contreras et al., 2020; Mann et al., 2007; McGillivray et al, 2015; Roessger, 2014; Uygur et al., 2019; Winkel et al., 2017). Ongoing theoretical disagreement over the definition of reflection is perceived as detrimental to validity and evidence-based practice (Marshall, 2019). The lack of consensus is seen as perpetuating "considerable uncertainty about how to best foster [reflection]" (Koole et al., 2011, p. 7), or prevents us from knowing if reflection is effective (Roessger, 2014; Winkel et al., 2017).

Therefore, "a more defined construct of reflection, with clear outcomes, could lead to the development of benchmarks useful in tracking student progress and as research outcome measures" (Chaffey et al., 2012, p. 202).

To address the methodological challenges, studies with a technicist orientation synthesize common traits of reflection in models and definitions. They aim for "a comprehensive yet precise understanding of reflection" to accrue consensus that validates the concept (Marshall, 2019, p. 397; Koole et al., 2011; Kuiper and Pesut, 2004; Nguyen et al., 2014). Research tends to define reflection in generic terms to make the concept self-contained and untied to extrinsic elements for easier operationalization. "Reflection thus remains universally applicable and understandable independent of context" (Nguyen et al., 2014, p. 1185). Various reviews welcome such pursuits of systematized, de-contextualized models that clearly demarcate boundaries to mitigate conceptual ambivalence (Uygur et al., 2019).

Reviews with a technicist orientation stress the educational need for conceptual clarity and homogeneity. First, it caters to curriculum leaders who seek practical guidelines and validated assessment and feedback instruments. Such tools show whether trainees obtained the required skills, knowledge and attitudes and allow for more focused, structured and effective feedback (Chaffey et al., 2012; Koole et al., 2011; Nguyen et al., 2014). Moreover, standardized models and instruments help educators assess reflection outcomes uniformly and thus fairly. Second, this approach helps trainees gain a procedural understanding of reflection as a process that goes through certain phases with different dimensions that can be mastered.

The aforementioned benefits to practice are significant. However, up to this point, the field itself acknowledges its systematic failure to accurately measure effects or validly cross-compare studies to produce generalizable evidence. From the technical perspective, the solution lies with conceptual homogeneity and consensus that allows scientific standardization. Thus, the problem of reflection is complex, but in time its complexity can be instrumentally tamed because "there is nothing as practical as good theory" (Nguyen et al., 2014, p. 1187). Despite setbacks, the truth of reflection is ultimately perceived as testable in reference to the facts based on methodological rigor, accurate models and strict definitions (Schön, 1983).

The dynamic approach to reflection

Like technicist oriented studies, those that adopt a dynamic approach to studying reflection also emphasize its complexity. Contrary to techniscist studies, however, they place theoretical emphasis on the messy nature of practice, and prioritize this over conceptual consensus and a universal definition. "Practice is characterized by uncertainty, instability, uniqueness, and value conflict, and (…) this is where the important questions of practice are negotiated" (Kinsella, 2009, p. 6; Mantzoukas, 2008; Ng et al., 2015). Reflective practice is thus "not as a fixed trait, but, rather, a dynamic state arising out of personal experience and sources of knowledge" (Ng et al., 2020, p. 6). This view supports the argument that reflection is not only complex, but more importantly, open. "Different practices and forms of thinking are considered reflective and the

teaching of reflection is attributed to a broad diversity of educational values and purposes" (van Beveren et al., 2018, p. 7; Beauchamp, 2015). Developing a nuanced view on reflective practice rejects "a one-sized solution for facilitating 'real' (…) reflection" (Platt, 2014, p. 50).

Divergent views on reflection are empirically identifiable across the field. In their review, Norrie et al. (Norrie et al., 2012) conclude that there are significant variations in understanding reflection between healthcare professions. "In the medical context, the focus is on improving professional practice (…). In contrast, in other professions [e.g. nursing], reflective practice is approached more as a way of asserting each group's autonomous professional identity" (Norrie et al., 2012, p. 573). Research in the medical field tends to favor a realist and pragmatic approach that is outcome oriented, with an emphasis on assessment and skill acquisition. Nursing adopts a more constructivist approach that is value-oriented. This varied production of reflection literature "is related to the history and traditions within the professions as well as to evolving national debates and policy imperatives" (Norrie et al., 2012, p. 574). Thus, the point of dynamic approaches is not synthesizing widely adopted reflective theories into one overarching, objective concept; rather, the meaning of reflection is entrenched in professional values stemming from practice with its own traditions and history. The concept of reflection is not universal, but open and socially contingent (Beauchamp, 2015).

Dynamic approaches suggest a revaluation of generalizable evidence. For instance, Mantzoukas (Mantzoukas, 2008) argues that the gold standard in Evidence Based Practice for reflection is not always a Randomized Control Trial. On the contrary, nurses "come to realize that reflection can provide not only valid evidences for practice, but possibly [allows them to be] positioned in a better place to provide more practical, useful and effective evidences" (Mantzoukas, 2008, p. 221). Rolfe argues that "what is required is not a science of large numbers, but a science of the unique. (…) [N]ursing science requires theories about individual persons," that can also come from individual practitioners (Rolfe, 2006, p. 40).

The central message of scholarship that adopts a dynamic view of reflection is that "the field must broaden its conceptualization and deepen its understanding of what reflection is, from what philosophical contexts it derives, and what its purposes in the current socio-political context of medical education *can* be" (Ng et al., 2015, p. 469). Instead of diminishing reflection's openness with precise models, scholarship should embrace openness that is infused by divergent practices. Furthermore, addressing context-specific socio-political dimensions incites debate, instigating "multiple ways of thinking about complex challenges in medical education" (Ng et al., 2015, p. 469).

DISCUSSION

A paradox

Thus far, we have organized the research on reflection in a narrative, perceived through the lens of technicist and dynamic approaches. These approaches embody two different ways of tackling reflection's complexity. A technicist approach to studying reflection has merit for practice, for instance by offering generalized and validated guidelines for education developers, trainees and practitioners. However, this merit is based on a consensus on the concept of reflection in order to subject it to solid empirical testing. From the dynamic perspective, this consensus still remains an ideal (Williams et al., 2019) – or rather, an impossibility. To further our understanding of both positions, we juxtapose the technicist and dynamic approach.

We can see researchers of reflection struggle with a reciprocal tension between practice and theory, especially when research wants concepts to function anywhere, at any time and any place. From a technicist perspective, self-contained concepts that reduce reflection to its essence can be applied in any context. From a dynamic perspective, such reductionist definitions can end up in a 'double bind' (Ng et al., 2015): a self-contained concept that necessarily generalizes key components of the phenomenon to exclude alternatives, but in the process compromises the complexity which it wishes to convey (Kinsella, 2009). The disadvantage is that "many things that actually occur are debarred from use" (Sacks, 1985, p. 25). Conversely, reality rarely fully corresponds with abstracted prescriptions (Nofke and Brennan, 2005).

Generally, complex concepts show tensions between theory and practice. Tensions become tangible when research extrapolates the research object, like reflection, in a void as a self-contained concept. Borrowing from Wittgenstein's work, concepts gain substance and significance in their situated use (Newman, 1999; Wittgenstein, 1958). For example, 'soap' gains concrete meaning within the context of washing your hands. To speak with the poet Ponge, soap is like no other stone found in nature. It gifts itself to you almost inexhaustibly after you marry it with water (Ponge, 2015). From a purely chemical context, soap is hydrophilic and hydrophobic; it can be 'water-loving' or 'water-fearing'. In short, any phenomenon appears differently in distinct practices that show some overlap, but they are never completely identical. Likewise, each instance of reflection "resemble[s] others in many different ways, like the faces of people belonging to the same family," but defining the vital essence between them is nigh impossible (Pears, 1970, p. 108; Wittgenstein, 1958). Meaning of complex concepts is in "the fine grain of events and processes" (Davis, 2009, p. 372).

To preserve the complexity and richness of reflection while trying to capture it in an all-encompassing concept provides research with a *paradox*. Each time we think of concepts, we deduce and reconstitute their meaning from their specific application in everyday use. Conversely, it is impossible to bring all varied uses to mind (Newman, 1999). A concept that needs to encompass all varied uses as much as possible will become too broad and will lose its power in the process (nearly everything can be called reflection). Simultaneously, the concept

can become too narrow and precise, and cut away things that can also be seen as reflection. This paradox explains why scholars claim that reflection is notoriously difficult to define. Nonetheless, "without a context, the life of a concept is left without oxygen" (Nauta, 1984, p. 364; Boud and Walker, 1998; Flyvbjerg, 2006). This raises the question: why can the paradox manifest itself so prevalently in research on reflection?

Reflection as a thick concept

We suggest that the paradox of formulating concepts too narrowly and too broadly, can be unpacked by thinking of reflection as a *thick concept* (Kirchin, 2013; Kroes and Meijers, 2016). On the one hand, thin concepts have an evaluative dimension. The barest examples are the words 'pro' and 'con', that indicate the simplest form of favoring or disfavoring something. On the other hand, thick concepts also have this evaluative function, but in addition they tell us something about a phenomenon. For instance, something *is* reflection when it has features of <a, b, c>, and *is not* reflection when <d, and e>. "The key problem here is whether we can be certain that we will ever capture all of [the phenomenon's] instances" (Kirchin, 2013, p. 9). The thicker the concept the more local it becomes. 'Pro' and 'con' can be used almost universally, and can be transported beyond a distinct web of practices and meanings (Harcourt and Thomas, 2013, p. 24). Thicker concepts, however, are inherently bound to practice that thrive on some form of agreement in action among its participants (Medina, 2004). The crux of the matter is that socially complex phenomena are under constant *interpretation*, because they involve countless interrelated elements; their meaning "cannot be simply 'read off' by direct observation" (Davis, 2017, p. 293).

We should not forget that reflection in medical education is not there for its own sake. There is always a purpose or point to reflection, but reflective practice is never fully stable because it needs (normative) interpretation. The point hinges on traditions and evolves from its socio-cultural history and ongoing debates (Norrie et al., 2012). For example, in the case of reflection in practice, there are broadly speaking two opposing points. On the one hand, reflection could imply *alignment* with new situations, and the point is ongoing socialization. This type of reflection could be, up to some degree, measured and assessed. 'Effective and skilled reflection' on the part of the trainee entails that potential gaps of knowledge are identified, for example, in reflective portfolios and subsequently addressed as learning goals. Successful identification of knowledge gaps designates that reflection was effective. On the other hand, one could argue that reflection instigates *deviation* from institutional norms by becoming explicitly critical of current practice. Measuring and assessing critical reflection is nonsensical, because assessment safeguards the very institutional ideals that critical reflection is supposed to question (Hodges, 2015; Ng et al., 2020; Procee, 2006). Other points of contention are: should reflection be about emotions, or if it should be rational, debar from emoting (Birden and Usherwood, 2013; Nguyen et al., 2014; Wald, 2015), is reflection a solitary or interpersonal activity (Kotzee, 2012), can reflection lead to harmful rumination (Lengelle et

al., 2016), and can we measure reflection (Aukes et al., 2007; de la Croix and Veen, 2018; Veen et al. 2020)? With each of these and other contested areas, the point of reflective practice is always at stake. Various points are incongruent and prevent a universal *description* of reflection from materializing. Thicker concepts place more demands on explaining the social situation they function in than thin concepts, while any concept equips the user with reasons for doing things (Harcourt and Thomas, 2013). Each conceptualization and application of reflection in practice is a temporary depiction of the normative debate in academia and educational institutes (Gu-Ze'ev et al. 2001; Norrie et al., 2012). This leaves research with the challenge: how can we study a debated concept like reflection?

How can we study reflection?

Given the contested state of reflection, how should we study it? The key limitation of this approach is that we interpret the philosophical underpinnings as coherently and consistently as possible, but that no conclusive interpretation exists. Nonetheless, medical education often proffers to be an interdisciplinary field, but the reality is that most medical education research is still done from the perspective of medical research (Albert et al., 2020). Perhaps we can achieve a 'multidisciplinary edge effect' (Varpio and MacLeod, 2020) through fruitful dialogue between technicist and dynamic approaches.

Researchers who adopt a technicist approach should be aware that their outlook on science is more in alignment with the epistemic culture from medical research, and mostly methodologically deductive in nature (Varpio and MacLeod, 2020). This means that reflection is usually conceptualized upfront and tested in diverse circumstances. The value of this approach is in checking if the chosen variables appear as outcomes in specific practices by using datasets like questionnaires, portfolios, rubrics or (statistical) analyses of learning outcomes. In general, this approach accepts that only features of reflection in practice that are adopted in the initial conceptualization will necessarily appear in the outcomes – 'you will find what you formulate upfront'. Those features that have not been conceptualized upfront will likewise not appear in the results (Sacks, 1985; Uygur et al., 2019). The research is mostly *prescriptive*. First, research is prescriptive in a normative sense, because the conceptualization prescribes what should happen in practice (van Enk and Regehr, 2018). Simplified, if one were to conceptualize reflection as a purely 'rational dissection of events,' then emotional moments are not flagged as reflective. Second, and in line with Dewey, research is prescriptive in a methodological sense because all inquiry is concept-laden. Concepts direct observation and demarcate relevant from irrelevant information (Garrison et al., 2012). This need not be a problem, if we keep in mind that the selection of a (thick) concept is temporary and limited. Concepts are contingent and subject to continuous reconstruction. Claiming conceptual universality by aggregating all available theories will remain, in our view, idealistic.

Technical approaches aim for self-contained concepts in generic wording to facilitate operationalization, "unlike, for example, Schön's model, which is not easy to grasp without

lengthy exploration of his writing" (Nguyen et al., 2014, p. 1185; Koole et al., 2011). For example, Marshall's concept of reflection, after synthesizing theories across different professional contexts, reads as follows: "Reflection is a careful examination and bringing together of ideas to create new insight through ongoing cycles of expression and re/evaluation" (Marshall, 2019, p. 411). This concept is theoretically 'correct' and helps research gain a first footing, but from a dynamic and Wittgensteinian perspective, it remains abstract, up to the point that it means very little. What do 'careful examination,' 'bringing together ideas,' 'ongoing cycles of expression' and 're/evaluation' look like? How do practitioners go about accomplishing such feats? What do they do, say or remain silent on? The concept still needs to come alive by aligning it closely with practice.

From the dynamic approach, we take the value of (single) case studies (Flyvbjerg, 2006; Newman, 1999; Rolfe, 2002, 2006). Case studies give abstract concepts oxygen. From the dynamic perspective, case studies are not designed to mean the same thing to all people. The case study should be sufficiently rich with so many facets, mimicking practice itself, that "different readers may be attracted, or repelled, by different things in the case. Readers are not pointed down any one theoretical path or given the impression that truth might lie at the end " (Flyvbjerg, 2006, p. 238). The case studies reject "the certainty of any one meaning implied by the single term 'reflective practice'" (Newman, 1999, p. 160). In the current research field, we see that researching reflective practice *in situ* to provide more dynamism to technicist abstractions is still underrepresented. Studies that examine reflection 'as it occurs in practice,' for instance with conversation analysis of reflection group sessions (van Braak et al., 2018; Veen and de la Croix, 2016), or phenomenological approaches (Rietmeijer et al., 2021) can provide additional dynamism.

Conclusion

We asked what the possible scientific approaches to conceptualizing and operationalizing reflection are, and how these influence knowledge production on reflection in practice. Our analysis of medical educational literature on reflection showed that there are two main responses to reflection's conceptual indeterminacy. The technicist and dynamic approach both agree that reflection is complex, but technicists attempt to tame its complexity by seeking conceptual consensus on reflection. Consensus is beneficial to standardize and cross-compare research and understand how reflection is effective. Conversely, the dynamic approach embraces reflection's conceptual openness, and emphasizes the importance of local practice. Practices are historically contingent and evolving, and thus reflection is theoretically variable. We interpreted reflection as a thick concept, and argued that research is bound to the paradox that any conceptualization is either too broad or too narrow. Contingent practice limits the reach of any theory, and universal formulations of reflection have strong limitations. Furthermore, the two approaches can be complementary, generalized technicist theory can come alive by providing (single) case study evidence of practice.

Finally, we come back to our poet friend, Ponge, who tried to describe soap, but there was so much to say that he returned it to its saucer. It appears as if Ponge is defeated. However, we feel that his poem's last words on the matter are of key importance: "… it is necessary to return it to its saucer, to its strict appearance, its austere oval, its dry patience, and its power to serve again" (Ponge, 2015). Like an effort to understand and describe soap, the key to conceptualizing reflection lies in its use and purpose that inspires any description. Taking into account that a child's definition of soap is different from that of a chemist is crucial. Each definition of soap or reflection will do different work. Combining all occurrences to find that definitive, universal definition will remain, for us, idealistic. However, reflection, like soap, *will serve again* if we return to its practice which should not be underestimated.

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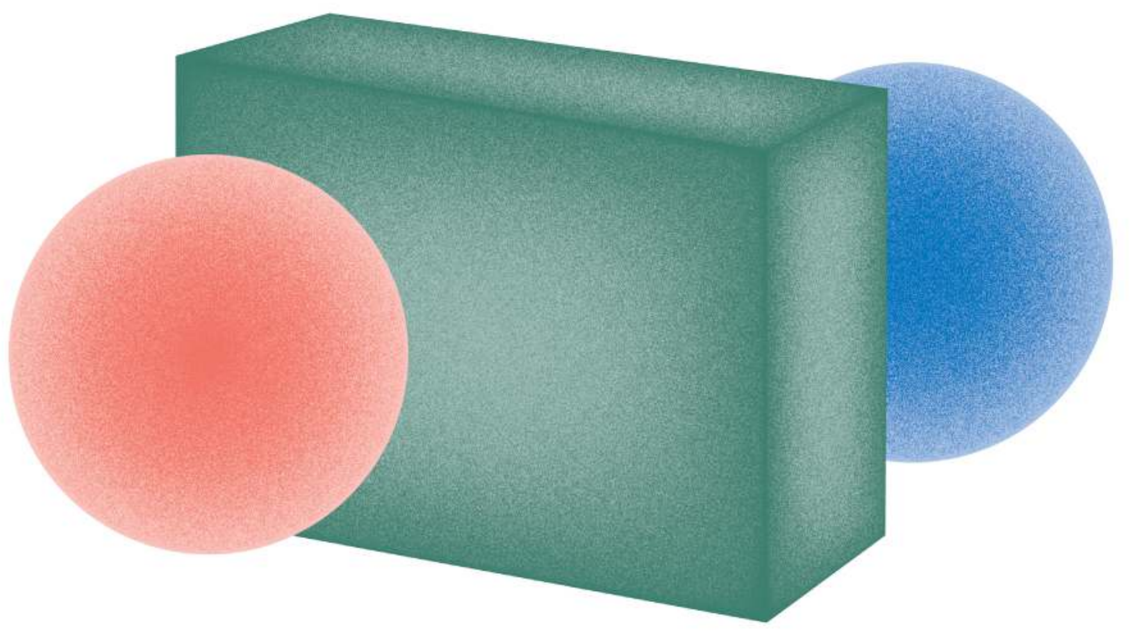

Chapter 3

Mind the gap: a philosophical analysis of reflection's many benefits

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ABSTRACT

Issue: Expectations of reflection run high in medical practice and medical education; it is claimed as a means to many ends. In this article, the authors do not reject the value of reflection for medical education and medical practitioners, but they still ask why reflection can (potentially) yield so many different benefits, and what that implies for the status of reflection in medical education practice.

Evidence: Based on a conceptual analysis of the debates about reflection in the philosophical tradition, the authors argue that there are two quintessential gaps that play a role in the proliferation of (potential) benefits. First, reflection deals with bridging the gap between theory and practice; second, it deals with bridging the gap between the individual sense and communal sense. These gaps prevent the systemization of reflection, and they are fundamental to human thinking and experience in any situated environment, which led contemporary research on reflection to list a wide variety of benefits.

Implications: The authors argue that if reflection resists systemization, it cannot be learned by following rules or protocols, but only practiced. Then, reflection should no longer be taught and researched as an individual skill one learns, nor as a means to some particular, beneficial end. Rather, one should practice reflection, and experience what it means to be part of a community wherein professionals jump the theory–practice gap constantly in a myriad of situations. Based on their analysis, the authors provide three concrete recommendations for reflection in medical education. First, to give precedence to reflective activities that encompass both gaps wherein situated examples can flourish; second, to use reflective guidelines as sources of inspiration; third, to show reserve about assessing reflection.

Keywords
reflection, benefits, philosophical analysis, theory practice gap, communal sense

INTRODUCTION

Expectations of reflection run high in medical practice and medical education; it is claimed as a means to many ends. Reflection might reduce burnout,[1,2] increase empathy,[2] decrease stress,[3] develop professionalism,[4] refine clinical skills,[5-7] help practitioners transition from theory to practice,[8-11] and many more. Albeit various researchers show some reserve about the empirical evidence concerning the benefits of reflection,[12-15] reflection seemingly blossoms with potential. Consequently, some researchers attempt to create order in reflection's proliferated ends, for instance by categorizing reflection's purposes in three domains,[13] while others argue that "reflection has become a generic salve to heal all wounds,"[16(p263)] or has become reductively utilized as purely a means to an end.[17] While we do not reject the value of reflection for medical education and practitioners, we ask why reflection can (potentially) yield so many different benefits, and what that implies for the status of reflection in medical education practice.

We argue that it is important to critically analyze how reflection relates to its many (potential) benefits because teachers and trainees dedicate much time and many educational resources to reflective activities. In medical curricula, there is a wide variety of ways to reflect, teach and assess reflection. Reflective activities span written portfolios, essays, journals, mentor programs, training programs, or discussing clinical experience with peers in small groups.[14] Reflective activities receive justification based on the premise that they yield certain benefits.

Our analysis will consist of a philosophical investigation of the concept reflection. We will focus on debates from the philosophical tradition, specifically how philosophers connected reflection to the gap between theory and practice, and the gap between an individual sense and communal sense. We will then relate our philosophical considerations to the current research on reflection to determine how researchers conceptually used reflection to pinpoint its benefits. Finally, in the light of our analysis we will formulate three concrete recommendations for reflection in medical practice and education.

A philosophical approach to research on reflection

For this article, we conducted a philosophical, conceptual analysis of reflection.[18-20] We questioned the theoretical presuppositions surrounding reflection, and traced background premises and values that affect this educational practice and its (potential) benefits.[21,22] We drew our philosophical considerations from the continental philosophical tradition, particularly the work of Immanuel Kant, Martin Heidegger, Hannah Arendt and Jacques Derrida. We turned to these philosophers because they map the limits of human knowledge, and critically think about aporias, or how 'gaps' play a vital role in human experience and reflection. For them, these aporias should not be understood as problems that are to be solved, but rather as limits that require awareness. Therefore, we started our analysis from the perspective of the gaps to help us understand reflection and its relation to the alleged benefits.

Our analysis consisted of two phases. First, we focused on key philosophical debates on reflection, particularly the gap between theory and practice, and the gap between the individual and communal sense. Second, we related our philosophical considerations to current research on reflection, and scrutinized how researchers conceptually used reflection to pinpoint the benefits. Therefore, we drew insights from literature reviews about research on reflection in medical education or medical practice since the 2000s until 2021.

1. Phase one: philosophical debates on reflection

1.1 The theory–practice gap

Philosophers regularly contrasted reflection with knowledge acquisition, or blindly following rules and calculation. The ancient Greeks already acknowledged that true wisdom required something more than mere 'bookish' knowledge. Aristotle, for instance, described reflection (sometimes also translated as deliberation) as the ability to connect acquired knowledge with professional experience, or theory with practice.[23] It was the key to 'practical rationality' ('*phronèsis*'), which he considered as the highest intellectual virtue, and as an absolute necessity of professionalism in fields such as medicine, politics, law, and military strategy.

The fact that theory can be connected with practice (or knowledge with experience) also implies that there must be a gap between them to begin with. It is precisely this gap that has posed a continuous philosophical problem, to which reflection formed a potential solution. To get a sense of that problem, we can refer to Kant, who in many ways is considered the father of modern philosophy. Kant, too, acknowledged that there exists a gap between theory and practice. One may, within a particular professional field (he mentions law and medicine as examples), *know* all the rules and concepts, but may still be unable to properly apply them in practice. He aptly calls this 'stupidity'.[24]

The ability to properly apply a rule or concept in a given situation is what Kant calls the power of judgment, but with this power of judgment comes a problem. If judgment means *applying a set of rules to practice*, a second set of rules will always be necessary to determine how the first set of rules should be applied. However, that second set of rules would require a third set of rules to determine how they should be applied, and so forth. In this way, we end up in an infinite regression of formulating rules for applying rules, and we would never bridge the gap from theory to practice. To illustrate this point, consider Kant commentator Henry Allison's explanation of playing chess.[25,26] Formally learning the rules of chess is necessary to play, but making a good move requires complex interpretations of the given, concrete situation. The situation cannot be remedied with devising more rules, since there are always exceptions and alternatives in any given situation. One is not relieved of the necessity "of determining for oneself what the particular situation requires."[25(p206)] Therefore, Kant argues that it must be in principle impossible to formulate, teach or learn the rules for judgment. In *Critique of Pure*

Reason, he concludes that judgment is "a particular talent that cannot be taught at all but can only be practiced."[27(p(A133/B72)14)]

Judgment that cannot be taught seems quite unsatisfactory, and so it was too for Kant, which is why he returned to this problem in his later work *Critique of Judgment*. Judgment, he argues, cannot merely consist in the ability to apply a set of rules to practice (a limited understanding which he now calls 'determinative judgment'). As Allison writes: "an account of judgment solely in terms of determination is inherently incomplete, requiring as its complement the activity that Kant terms 'reflection'."[27(p18)] Besides the ability to apply rules, judgment also consists of the ability to acquire, expand, and develop rules and concepts; people *reflect* on them on the basis of, and in dialogue with, practical experience. This he calls 'reflective' judgment.

What reflective judgment does is described by Kant in the following way: "To *reflect* (or consider) is to hold given presentations up to, and compare them with, either other presentations or one's cognitive power [itself], in reference to a concept that this [comparison] makes possible." [28(p400,FI,211)] In other words, reflective judgment involves not so much a 'ruling over' the matters at hand, categorizing and determining them in abstract fashion (which would be determinative judgement), but rather 'harmonizing' one's (conceptual) thought with the object or situation one is dealing with. Reflective judgment, according to Kant, thus forms the very condition of one's experience, since it assumes that the concepts one uses and the rules with which one applies them are principally related to the world.

1.2 The gap between an individual and communal sense

In section 2.1, we explained that reflection for Kant involves bridging the theory–practice gap, and that it is the very condition of experience. In this section, we show that Kant identified another quintessential gap that plays a role in reflection, and it resides between one's individual sense and a communal sense. Arendt argued that the most important aspect that sets Kant's notion of thinking (as 'reflective judgment') apart from his predecessors' is not only the practical, but also the social nature of it. Reflective judgment, for Kant, consists in the *public* use of one's reason, and hence the negotiation of one's considerations with others:

> *[Kant] believes that the very faculty of thinking depends on its public use; without 'the test of free and open examination,' no thinking and no opinion formation are possible. Reason is not made 'to isolate itself but to get into community with others'.*[29(p40)]

The public nature of reflection is clearly distinguished from mere calculation or rule following, for which one would not need the considerations or recognition of others. Kant illustrates this public nature of judgment by means of *aesthetic* judgments, i.e. statements concerning the beauty of certain objects. One's aesthetic judgments, Kant argues, are based on what he calls a *sensus communis*, a shared sense. One considers judgments of beauty not as merely subjective

feeling, but rather as a sensation that individuals imagine is shared by all. For example, if I enjoy the sight of a beautiful flower or the sound of a Mozart sonata, I cannot help but expect that others will share my feeling, precisely because there is nothing in particular about me that would distinguish my sensation from that of others. Comparing my judgment with those of others, however, does not mean that I *adjust* my taste to that of the majority. I only presume that my sensation of beauty cannot merely be my own; it must be based on some generally shared sense of beauty.

What Kant says about the nature of aesthetic judgment is true for judgments in general, according to Arendt. That one takes the perspective of others into account is a fundamental part of what constitutes thought and even what makes us human. It connects the way one experiences the world with a community. Again, this does not mean that I claim that everyone will *actually* agree with my judgments. Rather, in reflection I relate my judgments to a hypothetical community:

> *We compare our judgments not so much with actual as rather with the merely possible judgments of others, and [thus] put ourselves in the position of everyone else, merely by abstracting from the limitations that [may] happen to attach to our own judging.*[28(p.160)]

To place oneself in the position of everyone else depends on the power of imagination, but that does not mean that the community is entirely fictitious. "By the force of imagination it makes the others present and thus moves in a space that is potentially public, open to all sides."[29p43)]

1.3 Bridging gaps and the madness of reflection

We saw in the previous sections that reflection concerns two quintessential gaps that play a role in human experience: the theory–practice gap, and the gap between the individual and communal sense. This brings the analysis to the point how practitioners can bridge these gaps, and the pressing question becomes whether and how reflection can be taught and learned.

We return once more to Kant's philosophical analysis of reflection, specifically to two ways reflection fundamentally resists systematization. First, as we have seen, Kant argued that the ultimate rule to connect theory with practice cannot be formulated because that would lead to an infinite regression. To recapitulate briefly, there is a difference between formally learning the rules of chess, and making a good move by interpreting the complex situation at hand, which requires reflective judgment. Therefore, Kant suggested to train reflection with examples, not by formally learning rules like a recipe.[26] Reflection cannot be taught but only practiced as that peculiar talent that brings general rules into dialogue with particular circumstances. From this perspective, reflection fundamentally resists systemization.

The second type of resistance to systemization concerns the gap between the individual and communal sense of reflection. As we explained in section 1.2, individuals relate their personal judgments to those of the (imagined) community. However, this community is not fully stable

but contingent; moreover, the individuals who constitute the community are also viable to change. Thus, the community alters with the passing of time and unique constitution of the community. In the case of reflection, the community's relative instability prevents anyone from definitively formulating what the outcome of reflection should be for everyone, at all times, and everywhere.

After Kant, the resistance to systemization has been much debated in philosophy. In some cases, reflection has even been pitted directly against science, understood as calculative rationality. The philosopher Heidegger provocatively stated that "science does not think,"[30(p8)] which was certainly not meant to disqualify science, but rather to emphasize that (philosophical) reflection does not proceed according to a predetermined methodology, logically inferring on the basis of evident premises. The thinker, according to Heidegger, enters a much more uncertain field: "There is no bridge here – only the leap," and that takes us not only to the other side, but to a totally different place.[30(p8)]

Heidegger's criticism of science is exaggerated, and ignores the fact that scientists regularly tread terrain as uncertain as that of the philosopher. Still, Heidegger's point is relevant for our analysis of reflection in the medical field: if one would know beforehand how to proceed, one would not have to 'think'. There is, in other words, a fundamental difference between reflecting (or thinking) and calculating or rule following. One could therefore say that reflection resists precise formalization, and that reflection even becomes jeopardized when it is translated into uniform learning-outcomes. If reflection becomes a matter of blindly checking the right boxes, such a process risks replacing *actual* reflection, and with that the professional attitude.

To consider a professional attitude that encompasses reflection, we take into consideration how the philosopher Derrida argues that the practice of law is never mere application of the law. He therefore makes the distinction between law and justice. For justice to occur, one must always *decide* whether the law is, in this case, applicable. In other words, a process of professional reflection is needed, which involves the interpretation both of the law and of the case at hand. Were that not so, and justice would consist in the mere following of a rule or protocol, it would be a fully calculable process and we could easily outsource it to a computer. There would, in the strict sense, be no moment of decision or judgment at all. This leads to an interesting paradox for medical professionals. Each decision involves a necessary moment of 'undecidability', that is an uncertainty whether the decision is right, or just.[31] "The instant of decision is madness," as Derrida quotes from Søren Kierkegaard.[32(p65)] This might seem exaggerated, but Kierkegaard precisely emphasizes the impossibility of reducing reflection to rule-following or certain knowledge.

1.4 The philosophical analysis applied to examples

At this stage, it is helpful to illustrate how our philosophical analysis of reflection and the two gaps could relate to two concrete examples from medical practice and medical education.

Our first example comes from 2008, when patient Elaine Bromiley tragically died after competent and expert anesthetists failed to recognize that they could not intubate and ventilate.[33] "[They] persevered with attempts to intubate and ventilate when they should have changed to another strategy."[34(p61)] Evie Fioratou and colleagues assessed this as a fixation error, or an "unhelpful reliance on past experience to the detriment of the current situation."[34(p61)] They argued that there is no easy fix to prevent this error. Generally, developing routine, following protocols and using checklists are important.[7,35] However, Bromiley's case also showed how fixation is a "natural by-product of (…) rules of thumb."[34(p62)]

Bromiley's case illustrates Kant's problem of bridging the theory–practice gap. Just like Kant, medical practitioners and research experts turn to reflective judgment to pinpoint how practitioners must come to grips with applying rules and standards in particular situations. According to experts this encompasses, for instance, training to accept uncertainty and deliberately seeking out alternatives,[36] embedding moments to 'stop and think' (and review checklists in light of the case[7]), and exposing practitioners to routine and non-routine cases to increase their awareness about potential fixations.[34,36] Ultimately, however, the gap between theory and practice will remain, and practitioners must learn to deal with jumping over it.

Elaine Bromiley's case also illustrates the value of bridging the gap between an individual and communal sense.[37] Contrary to the anesthetists, the attending nurses did recognize the problem, but were unable to communicate that to the anesthetists, and failed to "override and change the clinicians' mental model."[35(p116)] Understanding the social dimension and allowing feedback from team members is therefore advized.[36,38,39] It checks practitioners' individual sense (and certainty) about their correct application of procedures.

Our second example comes from a study on weekly group reflection sessions in the Dutch GP specialty training.[40,41] Mario Veen and Anne de la Croix studied how participants themselves make experiences 'shared' and 'reflectable'. One case involves registrar Ilone, who told the group how her supervisor criticized "the way she says her name when she answers the phone, which upset her."[40(p329)] Then, Ilone asked her peers: "I wondered if with you they also observe in such detail? (…) Is this part of it or is it something that my GP trainer suddenly focusses on, very fussy details."[40(p328)] What ensued was a discussion of this experience, which involved exploring (loosely) related themes and giving advice.

Like Bromiley's example, Ilone's example also illustrates reflection and both gaps. Compared to the Bromiley example, however, the two gaps materialize differently. First, GP registrars explore (retrospectively) what general principles (*theory*) play a role while being supervised, and second, how those relate to Ilone's experience (*practice*). The case involved how supervisors should supervise; balancing attention to detail with fussing over details; providing feedback; meta-communication and setting boundaries as a registrar.[40] Moreover, Ilone asked peers about their experiences with supervision. This is a form of shared meaning making,[42] and the registrars (re)constructed their individual and communal sense of being supervised.

In sum, with these two examples we illustrate reflection's *flexibility* to yield value for practitioners, if one understands it as a fundamental human capacity to cross the gaps between theory and practice, and the individual and communal sense in a particular situation. Reflection used for clinical reasoning is different from doing weekly (retrospective) group reflection sessions for the sake of professional development. The situatedness of reflection deserves our critical attention; however, each case transcends mere calculation and blind application of rules that would not require input from others. No decisions or judgments need to be made when everything is clear and certain; then, a computer could execute the tasks. Practice is riddled with minor or major moments of uncertainty. Uncertainty occurs when practitioners face the madness when general principles (captured in rules, procedures, models, theory) do not neatly fit the unique reality.

2. Phase two: how the philosophical considerations relate to research on reflection

In phase two, we related our philosophical considerations to research that discussed reflection's (potential) benefits. We found that literature reviews about research on reflection since the 2000s listed a wide range of benefits. Meanwhile, many reviews also admonished the lack of a unified theoretical understanding and the paucity of empirical evidence.[12-15] We did not assess theoretical consensus nor empirical evidence in these reports, but used our philosophical considerations to scrutinize the conceptual use of reflection and how that allows researchers to pinpoint various benefits.

2.1 The theory–practice gap in research on reflection

In the literature reviews we saw the following conceptual inclination occur. The research field embraced reflection as a fundamental way to bridge the theory–practice gap. This is, however, the very condition for human experience, and the field ended up listing benefits of reflection that are ubiquitous and multi-applicable. This strategy became especially salient when one keeps in mind that practitioners must cross the theory–practice gap on a daily basis, on many different occasions, and for many different reasons.

The literature reviews reported that "reflection helps narrow the gap between theory and practice, ultimately enhancing practice."[10(p495)] Additionally, reviews also used different wording to describe the transition between theory and practice. For instance, reflection helped practitioners relate experiences from practice to theory,[8] linked or integrated theory with practice,[43,44] handled ambiguity,[45] through contextualization,[13] or exposed how theory is embedded in practice.[9] Reviews also demarcated specific domains wherein reflection helped traverse the theory–practice gap, for instance, clinical reasoning.[46] Take note that within the latter domain different conceptions of reflection exist, which led to variation in its beneficial effects.[7]

The focus on the theory–practice gap led reviewers to report that reflection instigated a variety of changes. For example, reflection transformed behavior and adapted knowledge.[46,47]

Another review linked reflection to empowerment and implied various transformations, like more consistently

> *using research evidence in practice; taking time to link theory with practice; critically evaluating, questioning, dialoguing about, and problem solving clinical situations and practices; enacting changes in their practice and thinking; debating implications of their actions in practice; taking risks to challenge previously held values, beliefs, and assumptions; and integrating new learning with prior knowledge.*[44(p643)]

This quote illustrates the conceptual inclination clearly: contemporary research posited reflection as a central means to address a fundamental problem, which in Kantian terms is bridging the theory–practice gap. Consequently, researchers found how reflection became a beneficial driver for many different but fundamental (behavioral, cognitive, identity) changes that help cross that divide, resulting in many (potential) benefits in a wide range of situations.

2.2 The gap between the individual and communal sense in research on reflection

In the literature reviews we encountered the following conceptual inclination that occurred within the domain of the individual and communal sense. Literature reviews connected the benefits of reflection to self-awareness, which led to a wide array of things one can become self-aware of, with diverse beneficial effects for oneself and the community. This strategy co-occurred often with references to professional development or growth.

The reviews generally reported that reflection impacted professional development,[48] by learning more about oneself.[6] Overall, "established models of reflection propose that personal growth occurs over time, as experiences are examined to produce new understanding that informs future practice."[49(p437)] In particular, reflection helped identify personal beliefs,[13,49-53] gain insight into one's professional strengths and weaknesses,[3,6] recognize personal bias,[4,5,54] and attitudes,[5,52] decrease stress and anxiety,[3,6] and prevent burnout.[1,2] Other beneficial effects for practitioners, by doing for instance reflective writing exercises, include:

> *an ameliorated attitude towards work; a development path for [their] job potential; an enhancement of their introspective knowledge; an enrichment of their expressive capability; an improvement of their interpersonal relationships with patients and colleagues and [it] develop[s] their use of critical and reflective thinking.*[6(p8)]

Literature reviews not only listed benefits of reflection for the individual practitioner, but also benefits for the community. It "generate[d] a climate of trust which promoted a sense of community,"[9(p1642)] or supported building a community of practice and better interprofessional relations.[55,56] Reflection helped practitioners understand "other perspectives, medical

culture, and the importance of diversity."[49(p432)] Patients were no longer mere objects of care but practitioners also empathized with them,[2,49,52] and understood "the importance of *why* they were caring for patients."[4(p10)] Reflection kindled altruism,[57] while it also helped practitioners "challenge dominant discourses and oppressive power and social structures."[55(p221)]

The conceptual inclination that underlies the various individual and communal benefits pivots around self-awareness. "Self-awareness may lead to [the] perception that environmental manipulation is needed in one situation and knowledge improvement in another."[46(p387)] Or as some researchers concluded: "'Higher quality' papers identify (…) increased self-awareness and engagement in reflection (…) and continuous professional development."[53(p312)] When researchers turned to reflection that instigates self-awareness, it became a linchpin for many benefits.

The issue at hand is that individuals compare their own judgments with those of others, or confronting their individual sense with the communal one. In effect, they (could) gain awareness of their own position on any given subject. As a result, the literature reviews listed a wide variety of things that one could become (self-)aware of, ranging from one's values, biases, to communication and so forth. The list of things that one could become self-aware of seems potentially endless.

DISCUSSION

With our analysis, we aim to show how two gaps play a role in the benefits of reflection, why there might be so many benefits to reflection, and what that implies for medical education. First, reflection helps practitioners cross the theory–practice gap. Second, reflection helps practitioners cross the gap between the individual and communal sense. Yet, crossing these gaps is so fundamental for human understanding that reflection runs the danger of becoming ubiquitous and generic, indiscriminately relied on for many specific benefits in a wide range of situations. Reflection almost starts behaving like a panacea.[16] In our view, the list to precisely define reflection's benefits for crossing these gaps is potentially endless, also when one takes into consideration that reflection resists systemization. Thus, we advise restraint in pursuing and empirically validating potentially endless specific benefits of reflection.[18]

As Stella Ng and colleagues argued, the pursuit to pinpoint all benefits of reflection plays heavily into a reductive understanding of reflection as a means to utilitarian ends.[12,14] Practitioners "may eventually perceive [reflection] as falling short of its goals because it is difficult to 'prove' reflection 'works'."[17(p468)] We suggest that the moment of undecidability, or even madness, is difficult to swallow in medical education. Those who cannot accept it, attempt to fill the gaps. These critical observations still leave us with the question how reflection can be practiced if we refuse to 'fill the gaps'. In the next section, we provide three concrete recommendations for reflection in medical education and medical practice.

Three recommendations

Based on our conceptual analysis of reflection in the tradition of philosophy, and how these relate to contemporary research on reflection, we think that reflection occurs in its situated use.[18] We support that there is no 'one-size-fits-all' to reflection.[58] Nonetheless, this does not relieve us from critically approaching reflection, and our philosophical considerations led us to certain preferred recommendations for medical education.

First, we recommend giving precedence to communal reflective activities over solitary ones, wherein situated examples can flourish and come life. We do not deny that written reflections in the form of reflective essays, written assignments or portfolios have some merit. For instance, they could train introspection, or "getting a second opinion from your own conscious mind."[36(p550)] Nonetheless, based on our philosophical considerations, we prefer reflective activities that include active and immediate representation of the communal sense that contrasts with one's individual sense when practitioners wrestle with the theory–practice gap. Such exchanges curb practitioners from being 'stuck'[59] in their individual sense through solitary reflective activities. Group reflection activities provide more interactive means for calibrating the communal sense of the medical profession based on concrete examples.[42,60] Practically, we take (reflective) discussion groups as a positive example, for instance the Exchange of Experience (EoE) rounds in the Dutch GP specialty training.[40-42] Once a week, a small group of GP registrars under supervision of two teachers come together to discuss their clinical experiences in an open, dialogic environment. Group discussions entice immediate exchanges of diverse perspectives between the individual and communal sense (as represented by other individuals) about concrete experiences.[40-42] Such shared meaning making "promotes the formation of professional identities."[42(p876)]

Second, when it comes to using reflection for one's professional identity, we recommend using formal guidelines and models for reflection as sources of *inspiration* to reflect, and not as normative models that dictate how practitioners *should* reflect.[18,61] We ground our recommendation in the Kantian argument that reflection resists systemization, and that formally learning rules is something other than reflection.[26,62] Thus, for Kant, reflection is trained by practice and by being confronted with (situated) examples. Concretely, we take the aforementioned Dutch EoE discussion groups as a case in point once more. In EoE, the experiences take center stage. Registrars tell stories about situated examples that allow them to sharpen their judgements during discussions in a safe environment.[60] These discussions are not dictated, but take shape as 'structured spontaneity'.[40,42] The discussions become messy,[40] but registrars find that having (guided) freedom to discuss experiences is valuable for professional development.[42]

Third, when we take formal guidelines for reflection as inspiration, then we also must reconsider assessing reflection.[63] Assessment of reflection often comes down to checking if certain rules are followed, and although we understand that clear assessment guidelines for reflection intend to counter problems of arbitrariness and bias, such assessment instigates behavior to correctly follow the recipe and pass the assessment.[62,64] Conversely, reflection in the Kantian

sense moves beyond following rules, so assessing whether or not reflection sufficiently took place will necessarily involve moments of 'madness' (leaping over the theory–practice gap). Guidelines cannot fill the gap and should be used with caution. Moreover, one is not alone in leaping, and therefore must check one's individual sense against the communal sense of fellow professionals. In sum, the theory–practice gap and the individual–communal sense gap remain in place for assessors too, particularly when it comes to reflection.

CONCLUSION

The benefits of reflection are (potentially) abundant. While literature reviews about research on reflection attempt to list and validate these benefits, we philosophically analyzed why reflection can have so many benefits. Based on the philosophical tradition, we argued that there are two gaps that play an inherent role in reflection. On the one hand, there is the theory–practice gap that practitioners bridge; on the other hand, practitioners bridge an individual sense opposed to a communal sense of their profession in particular situations.

Philosophers like Kant, Arendt, Heidegger and Derrida show that reflection can help cross these gaps, which one can practice. However, they also warn us that reflection, by its very condition, resists systemization. There is no definitive set of rules or protocols that form the final keystone to bridge both sides of these divides. Then, reflection also ceases to be merely an individual, learnable skill or an empirically validated means to some particular end. Consequently, if reflection cannot be caught in learnable rules, one should show reserve about assessing it. There only remains the jump from one side to the other. Practitioners can practice jumping, particularly when they are within a community of professionals and exchange their experience while they 'mind the gap'.

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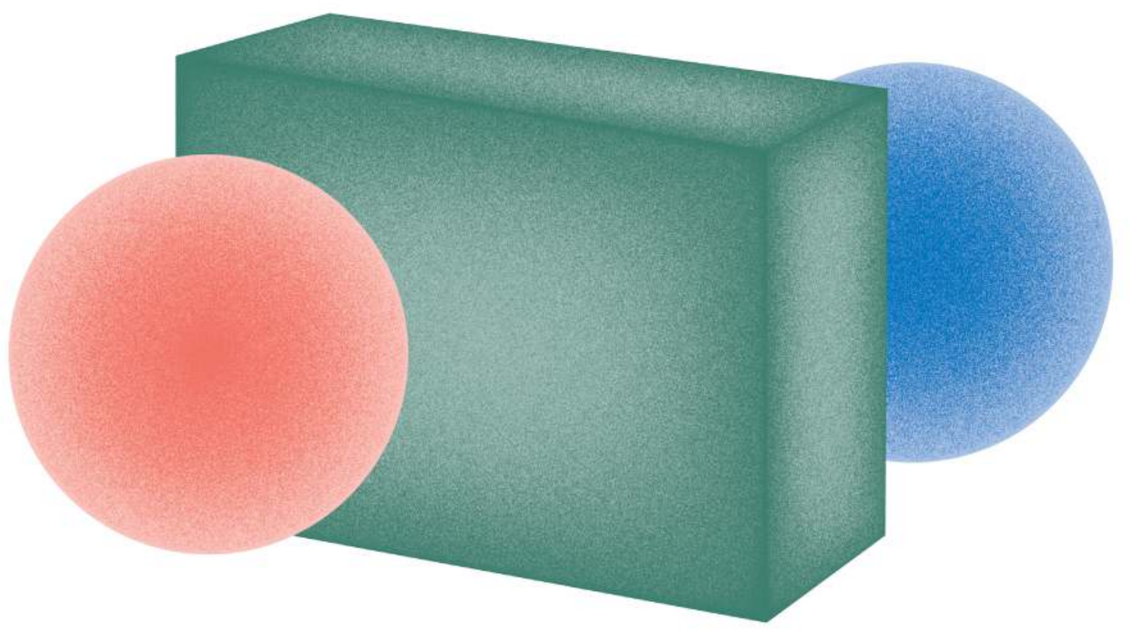

Chapter 4

In pursuit of time. An inquiry into kairos and reflection in medical practice and health professions education

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ABSTRACT

'Taking time' to reflect on experience is important in health professions education and medical practice; however, time is increasingly becoming scarce, while tasks multiply and calendars dictate the pace of our day. On the one hand, the day is divided in sections that are measured, scheduled and micromanaged. On the other hand, when loved ones ask how our day was, we do not list agenda items as if we are calendars ourselves; instead, we tell stories about how we are invested in our roles at work.

What does taking time to reflect mean in this hectic day and age? In this chapter, we introduce the Greek notions of *kairos*, *chronos* and *scholê* to explore taking time to think. Contemplation for early Greek thinkers was never seen as a task or activity, but precisely the opposite, as freedom from tasks to think. Then, with Walter Benjamin's work on time, we explore why *kairos* is important to question an instrumental view of reflection. Generally, we argue that reflection without preconceived goals in mind is valuable to reinvigorate well-established ideas that come down to us as unquestioned heritage, and that taking time is of importance for this process.

1. INTRODUCTION

In teaching and practicing medicine, there is pressure to work efficiently and be task-focussed.[1] Although there are only so many hours available in a day, staff and trainees need to absorb the ever expanding volume of technical knowledge and manage an increasingly complex medical practice.[2] In response, scholars rethink the meaning of 'taking time' and being a health professional in a demanding environment where time is precious.[3] Taking time is easier said than done. "For busy professionals short on time, reflection runs the risk of being applied in bland, mechanical, unthinking ways".[4] Likewise, trainees who are task-oriented find little motivation to voluntarily reflect.[5] Nonetheless, medical educators are encouraged to help trainees take time and integrate reflection into the curriculum.[6]

A lack of time challenges reflection, because it is assumed that "taking time to stop, think and evaluate" is a fundamental component of reflection and could reduce burnout.[7] "Taking time to work through an experience that breaks in some way with the expected course of things allows students to return to and begin to make sense of that which troubles or delights them".[8] Similarly, medical staff need reflection time and process emotions to cope with work pressure.[9] Therefore, at first glance, we ought to designate portions of our schedule to document an appraisal of our day. Although this is valuable, there are alternative ways to think about taking time and reflection.

Contemplation for early Greek thinkers was never seen as a task or activity, but precisely the opposite, as freedom from tasks and activities in order to think.[10] In this chapter, we introduce the Greek notions of *kairos*, *chronos* and *scholê* to explore taking time to think without it being a scheduled task during a busy day. Then, with Walter Benjamin's work on time, we explore why *kairos* is important to question an instrumental view of reflection as a task. Finally, we discuss the practical implications of *kairos* for medical practice and education.

2. EXPERIENCING TIME

When we boot up our devices at the medical practice or medical schools, a calendar app or other time management technology appears on our screens to structure our day. They produce

1 (Hodges 2010)
2 (Cunningham and Sutton 2008)
3 (Kumagai and Naidu 2021, Wear et al. 2015)
4 (Bindels 2021, 8)
5 (de la Croix and Veen 2018, Chaffey, de Leeuw, and Finnigan 2012, Albanese 2006)
6 (Mann, Gordon, and MacLeod 2007, Albanese 2006)
7 (Lack, Yielder, and Goodyear-Smith 2019, 228, Kuper et al. 2019)
8 (Wear et al. 2012, 608)
9 (McPherson, Hiskey, and Alderson 2016)
10 (Pieper 1963, Arendt 1958)

notifications that flag upcoming tasks, that we should move along to our next meeting, or that patients are waiting. What can this experience with time and calendars tell us about taking time and reflection?

Generally, calendars create order in an otherwise demanding environment. Such technology provides a convenient overview of tasks and helps us keep track of our day. Calendars divide tasks into manageable items that are either 'to do' or 'done'. They offer a gratifying sense of closure when something gets done, while they also generate urgency, nudging us along to our next task. Presently, to imagine work without the benefits of such organizational technology is hard. Its integration with our daily tasks epitomizes and shapes the experience of our work as a sequence of events that requires management.[11]

Calendars provide a beneficial sense of control, however, they also require micromanaging. Calendars divide time into distinct blocks by singling out individual moments with abstract tokens like May 6th 2021, 08:30–09:15. As such, calendars prompt what some philosophers call the 'vulgar' interpretation of time. Time is an abstraction that exists independently of man and is measured by clocks.[12] Although measurement with clocks helps us 'be on time', its "increased accuracy leads one to become more and more concerned with ever smaller units of time".[13] We divide our work-time with greater precision in neat, chronologically organized blocks. We have one hour to finish task X, then twenty minutes for meeting Y, fifteen minutes' lunch, and afterwards ten minutes per consultation. In sum, pre-allocated timeslots dictate the pace of our work as an endless string of loosely connected, sequential moments.

While we are very familiar with how calendars work and adapt to them, something else happens when loved ones ask how our day was. We never list a perfect sequence of chronologically transpired events as if we were calendars ourselves. We are not objects "that correspond to statements about events occurring at various clock-times".[14] For instance, the day was not hectic at 15:37; instead, I experienced a hectic day because I was invested in doing my job and fulfilling my roles. I will tell my loved ones a story about tensions, and that too many things converged around midday, and *how* I was unable to cope with my responsibilities.[15] These stories punctuate an otherwise abstract flow of clock-time, and illustrate how we are deeply, personally invested in our surroundings.

3. *Chronos* and *kairos*

The two aforementioned ways of time perception, time as a 'chronological sequence of events' and the 'lived experience', can be put in perspective with the help of an Ancient Greek distinction.[16] Greek thought offers the notion of time as *chronos*: a destructive force of time, "an

11 (Giddens 1987)
12 (Keller 1999)
13 (Keller 1999, 196)
14 (Keller 1999, 240)
15 (Keller 1999)
16 (Sipiora and Baumlin 2002)

objective, measurable time and a long duration of time".[17] Time is uniform with each second, minute and hour lasting exactly the same amount since the beginning of time. Such time is about "quantity of duration", and prompts questions like "How fast? How frequent? How old?"[18] Time receives order with 'before' and 'after' that provide a "grid upon which processes of nature and the historical order can be plotted".[19] Our experience can thus be timed and standardized, allowing us to date events, which is vital for how we organize life and our historic understanding. In contrast, Ancient Greeks also know of time as *kairos*. This notion is complex and multidimensional, since it was used variedly throughout Greek culture in epic literature and tragedy, and spanning among others Presocratic, Platonic, Aristotelian, sophistic and stoic philosophy and rhetoric.[20]

Generally, *kairos* is related to the meaningful moment, "the uniquely timely, the spontaneous, the radically particular".[21] It is "the right or opportune moment to do something, or right measure in doing something".[22] Rhetorically, *kairos* implies that one can learn theories and strategies based on previously successful discourse, but theory cannot "cast a net over the unforeseen, unpredictable, and uncontrollable moments".[23] Speaker and audience find themselves in a unique context that requires adjustment and reinvention of discourse in the moment itself. As Aristotle argues, *kairos* is situational.[24] Beyond rhetoric, *kairos* spans many other dimensions of experience. *Kairos* particularly comes into play when we face decisions in unique situations about means and ends, morals and values "that cannot be a matter of law alone but require wisdom and critical judgement".[25] To explore *chronos* and *kairos* for medical practice and education, we turn to a personal experience of Camillo Coccia:

> *I was on a night shift in the ER and saw a new patient brought in. Exhausted, I paged through a file and formulated the problem list: 26 year old, end-stage cervical cancer, now with loss of appetite. Working in this particular ER, I had seen a multitude of patients with these conditions and was already thinking of a possible differential diagnosis and a set of investigational strategies for the particular pathology that might be present. Then, I noticed the frontmatter of the file and was struck by recognition. I had met this person before, but looking at her face now, she was unrecognizable. Wasted and delirious, the patient did not resemble the memories I had of her.*

17 (Lindroos 1998, 11)
18 (Smith 2002, 47)
19 (Smith 2002, 49)
20 (Sipiora 2002, Kinneavy 2002)
21 (Miller 2002, xiii, Lindroos 1998)
22 (Kinneavy 2002, 58)
23 (Sipiora 2002, 6)
24 (Kinneavy 2002, 68, Kinneavy and Eskin 1994)
25 (Smith 2002, 56)

We might not be so blithe as to justify Coccia's bleak encounter as a mere learning experience, but also perceive it as something much more profound and upsetting. In Coccia's case, the face of a suffering patient no longer disappeared behind the usual signs, symptoms and procedures that help 'transform' people into patients. Here, a rupture occurred between *kairos* and reason (*logos*). Reason deals with generalizable ideas and truths that are steady throughout time, whereas *kairos* represents "the special occasion in the course of events when such truth must be brought to bear by an individual somewhere and somewhen".[26] For Coccia, the patient ceased to be just another scheduled patient who rationally represented a typical case of cervical cancer. *Kairos* illuminated the contours of Coccia's general ideas of being a doctor and cervical cancer that normally guide him on the job.[27] Moreover, the ideas partly failed him in *this* confrontational moment. In unique situations, *kairos*-thinking emphasizes the individual and calls for critical judgment "on the value and norm aspects of ideas".[28] *Kairos* provides particular constellations of events that create *opportunity* (*opportunitas* as the Latin translation of *kairos*) for a qualitative reappraisal of ideas or transitions.[29] To make sense of such disruptive experiences, doctors and trainees might need additional time to incorporate such confrontations with death and suffering back into their clinical understanding, and we ask how *kairos* invites further reflection.

The day can be divided in time at work and time off work or leisure time. Ancient Greeks had a particular view of empty leisure time that contrasts with ours. Their notion of leisure time was *scholê*, to which our word 'school' is etymologically related.[30] We might assume that *scholê* as leisure means time free from work, or time spent away from specific commitments. In Greek thought, however, work was time during which *scholê* was impossible.[31] The negative *ascholia* describes everyday work activities and labour connected to the basic necessities to sustain human life.[32] *Ascholia* contrasts with the more fulfilling times of life in *scholê*, which is a conscious abstention from any such necessary labour.[33] Moreover, Aristotle saw *scholê* as an end in itself. It was not leisure in the weekend as time off from work that had some specific goal, like resting so we can improve our functionality when we go back to work.[34] Neither was *scholê* a comfortable state of mindless relaxation or consumption.[35] On the contrary, lacking specific goals in *scholê* is what is valuable, and does not make time spent in leisure void or pointless. Why is that so?

26 (Smith 2002, 53)
27 (Dewey 1933, Garrison, Neubart, and Reich 2012)
28 (Kinneavy 2002, 63)
29 (Smith 2002)
30 (Skeat 2005)
31 (Pieper 1963)
32 (Kalimtzis 2017)
33 (Arendt 1958)
34 (Zimmern 1911, de Gennaro 2020)
35 (Arendt 1958)

Taking time without having a goal in mind can reinvigorate previous understanding and knowledge. The common formulation of knowledge and reflection in health professions education is to understand phenomena in terms of their existing purpose: 'I reflect in order to improve myself at task X…'[36] Teaching trainees about pre-existing purposes that are embedded in standard procedures, basic facts and learning goals is valuable. For instance, reflection during a prescheduled reflection session on Thursday from 10:30–11:00 can prompt goal-oriented reflections that move within the regular parameters of work. A goal-oriented reflection by Coccia could include evaluating how he can more effectively execute protocols for cervical cancer patients, or re-assess the adequacy of his doctor-patient communication when doctors know patients privately. Such reflections are important and functional. Moreover, they are likely to occur within accepted parameters because *at work* we are deeply invested in our roles and responsibilities that come with our jobs.[37] However, Coccia could also focus on the shock and disruption of the encounter; how someone's personhood disappears behind a disease, medical graphs and symbols, and address the upsetting weight of the encounter in the face of his medical task to deter death. It is in *scholê's* absence of goals that reflections could move beyond accepted reflective parameters that predetermine how we should 'normally' function and reflect during *ascholia*.

In sum, when we contrast *scholê* with our contemporary view of time, we see how we presently divide time into periods of working and periods that are before or after work. The periods that are within work-time are usually goal-oriented, organized by the helpful *chronos* grid. From Greek thought we take that *kairotic* moments could disrupt us from this way of working habitually, and move us away from the grid. We are, for a moment, not ensnared by our calendars to achieve our micromanaged string of goals, but receive the opportunity to question our ideas. Now, we can ask why disruptions and questioning our ideas are valuable, for which we turn to the philosophy of Walter Benjamin.

4. The atypical Benjamin

When we commonly think about time spanning years, months or even weeks, we tend to use the following *chronistic* method of making sense of the present. A patient's history requires a general overview of many particular points of significance that culminate in a timeline that explains the present. This method represents how all these moments are (causally) interconnected and lead up to the present condition. However, sometimes a small piece of information can entirely reorganise the way we understand the timeline and radically alter our current understanding and diagnosis. For instance, a doctor might presently notice an error, a missing piece of information or uncover a lie from a patient which disguised a latent problem. For Benjamin, an early 20th century thinker, this was not exclusive to patient histories but more

36 (Kolb 2015, Coffield et al. 2004, Winkel et al. 2017, Roessger 2014, Nguyen et al. 2014)

37 (Keller 1999)

fundamentally applicable to our historical understanding and personal lives. Benjamin noted a cultural trend that posited a current state of affairs as an inevitable result of the past; as if a series of events pointed unequivocally to the present and on toward the future. This trend is widespread, and we argue also prevalent in medical practice and education.

Born in Berlin in 1892, Benjamin was a member of a wealthy Jewish business family. In 1940, he committed suicide in fear of falling into Nazi hands after a failed attempt at crossing the French-Spanish border. His writing intertwines different disciplines and covers high and low culture.[38] His style is fragmentary and associative, which some call kaleidoscopic.[39] Besides classically written academic work, many manuscripts consist of assemblages of shorter texts, aphorisms, quotes or vignettes. They "provoke his reader to reject the idea of the linearity of the text, and to approach it as separate pieces of thought, which, however, become bound together in the act of reading".[40] In the following, we explore some of his views on time in reference to his treatise 'On the concept of history' (1940).[41] We further elucidate these with his biographically inspired vignettes from *Berlin Childhood around 1900*, which he started writing in 1932 but was only posthumously published.[42] The breadth and depth of Benjamin's work on history and time is complex and, extensive, and we only introduce his work for the sake of medical practice, which is by no means exhaustive.

5. A boy in Berlin – a man in Paris

It is 1932, and Benjamin tries to come to terms with his pending exile. He starts writing about his earliest memories from when he was a boy in Berlin around 1900, and once in exile in Paris in 1933, continues working on this project.[43] His aim is not objectively chronicling some facts about his Berlinian past; rather, his descriptions cause images from past and present to clash.[44] For instance, in his vignette about the larder:

> *With what endearments the honey, the little heaps of currants, and even the rice gave themselves to my hand! How passionate this meeting of two who had at last escaped the spoon! Grateful and impetuous, like a girl borne away from her father's house, the strawberry marmalade let itself be enjoyed here without a roll and, as it were, under the stars; and even the butter tenderly requited the boldness of a suitor who found entry into its humble quarters. Before long, the hand—that juvenile Don Juan—had made its way into every nook and cranny, behind oozing layers and streaming heaps: virginity renewed without complaint.*[45]

38 (Rosenthal 2014)
39 (Lindroos 1998)
40 (Lindroos 1998, 32, Löwry 2005)
41 (Benjamin 2006b)
42 (Szondi 2006, Cosma 2019, Steiner 2010)
43 (Steiner 2010)
44 (Cosma 2019)
45 (Benjamin 2006a, 128-9)

With these descriptions, Benjamin adds layers of meaning to a moment in the past that encompass more than just grabbing food from a larder. Items become objects of desire, hands turn into lovers, the larder is a place of excitement. Butter and marmalade are no longer mere ingredients but come to life and act like willing lovers who give themselves to an eager hand. No longer is slipping a hand through the crack of the larder door an act of boyish thievery; it is a passionate meeting and erotic exploration. The spoon, perhaps a symbol of restraint, correctness and proper etiquette, no longer constricts those who want to meet more intimately. Side-lining the cutlery even underlines the physicality of the act to touch food with fingers, or touching another's naked body. Lovers find each other, unencumbered, and the butter even rewards the carnal approach of the beloved. The boy's hand transforms into a bold Don Juan, who unveils and explores the lover's body, encountering oozing layers and streaming heaps in every fold and crevice, nook and cranny.

Benjamin's larder vignette contrasts with the interpretation of the present as the outcome of a string of past events. In short, Benjamin moves from understanding time as an overly *chronistic* clock-time that is mechanical and linear, to a meaningful lived moment filled with *kairotic* potential where past and present are not seen linearly.[46] This vignette exemplifies this move, and is what Benjamin calls a 'dialectical image'. He understands an image in broad terms that includes photographs or illustrations, but also mental images, memories, or knowledge.[47] Generally, we think of images as static objects. Photographs or films freeze moments in the past, and memories could likewise be seen to encapsulate past events that we carry with us into the present. Benjamin, however, argues that images are not always purely static or unchangeable; images can move, too.[48] In the case of the larder, an image from the past (the Berlinian boy) clashes with the image of the present (the man in Paris). How is that odd clash visible in the vignette?

Benjamin's vignette mysteriously ends with 'virginity renewed'. This sentence accentuates the collision of images, since we wonder whose virginity has been renewed. It is unlikely that the nine-year-old boy in Berlin has lost his virginity, or that he was overly conscious of any eroticism when slipping his hand in the larder. Therefore, we might assume that it is not the boy whose virginity is renewed but the man's. By revisiting the image of a nine-year-old Berlinian boy from an adult perspective in exile, the youthful act of breaking into the larder in the past collides with an image of eroticism that only the adult Benjamin is conscious of. Something erotic is revealed in the acts of a boy in the past, while something boyish simultaneously shows itself in an adult's idea of eroticism in the present. In the confrontation between past and present, Benjamin changed: his virginity got renewed.

Benjamin names this back-and-forth between past and present *now-time*, which has two qualities. First, truth as we presently know it is no longer the result of a stable progression of

46 (Lindroos 1998, Kinneavy 2002)
47 (Wiegel 2015, Lindroos 1998)
48 (Lijster 2016)

history. Conversely, truth for Benjamin is dynamic. Truth (re-)establishes itself "in the right constellation of words and things, as a montage of ideas, or as a (re)construction of previous truths".[49] For instance, in the larder the 'adult man' and his understanding of his idea of eroticism and virginity clashes with the boy's world of stealing larder goods. In the present, these two merged and constitute new meaning. Similarly, in Coccia's experience, seeing a woman Coccia knew from the past clashed with the present wherein she appeared as a patient whose personhood he barely recognized. For Benjamin and Coccia, past and present came together and shifted their understanding. In Benjamin's case it shifted his idea about eroticism, and it made Coccia reconstitute his idea of being a doctor deterring death.

The second quality of now-time is that it allows us to advance into the future without being fully determined by our past, while we simultaneously hold some connection with our past. Simplified, in now-time one is not prompted to say: 'because I am a doctor, I will always perceive every patient I henceforth encounter in the ward *as a patient*.' We simply do not function mechanically, and now-time captivates the dynamic understanding of ourselves "by virtue of the interruptive force [that images] are understood to impart to experience".[50] Now-time loosens the tight, causal chain of history that one-directionally determines the meaning of the present. In Coccia's case, his past and medical surroundings prompt him to predominately think and 'be' a doctor who treats patients, yet, the encounter with the cancer patient he once knew privately made him question this truth.

Benjamin stresses the importance of upsetting any simplistic, chronological interpretation of our (personal) history, because we so easily provide such explanations to explain our present as the unidirectional result of our past. For Benjamin, the past is never settled, especially when it clashes in *kairotic* moments with the present. These confrontations hold the potential to change our understanding of ourselves and the ideas we inherit from the past.

6. Historicism

Benjamin's aim to upset an overly *chronistic* way of thinking about time is embedded in his work on history and time in his *Arcades project* and in a series of theses 'On the concept of history', written in 1940.[51] The war and political situation prompted him to revise the traditional view of history that he labelled *historicism*, which was conducive to the dire political situation.[52] Historicism implies interpreting history as a linear evolution through time. Where we are today is unequivocally the product of our past, that steams onwards towards an inevitable future. The causal chain of successive historic events determines us. A positive historicist interpretation of history shows how we ultimately move towards utopia, whereas a negative historicist interpretation shows how we end up in a dystopia.[53] History becomes *teleological*; it

49 (Lindroos 1998, 63)
50 (Osborne and Charles 2020)
51 (Steiner 2010)
52 (Steiner 2010)
53 (Lindroos 1998)

moves towards its end-goal or final purpose that is foreshadowed in the past. Historic examples include the arrival of true communism or the Third Reich.

Benjamin does not question the truth of historic facts or their chronological order as such; rather, he criticizes historicism's way of relating to the past as a solely linear process towards a certain future, and how we naively adopt such views elsewhere. Academic ways of relating to history influence politics, culture, and trickle down to how individuals relate to their own personal time and work.[54] For example, a historicist interpretation of ourselves entails that 'I am the product of (my) history, and as a doctor I simply follow protocols handed down to me'. We do not imply that protocols should always be questioned. However, "the uncritical reception of tradition implies a problem, which is transferred into a 'truth' of this heritage, and is conceived of as temporally stable and non-transformable".[55] The past washes over us like a big wave, and individuals can only undergo its advancement, act along, or even use the past as an excuse to evade responsibility. The simplest version of the latter would be insisting on 'I did not have time to do it…' Time becomes *chronistic* and destructive: I lost my individuality to the progress of the past and even clock-time itself.[56] With now-time, Benjamin hopes to rebalance past and present to provide an alternative to historicism that creeps up on us in surprising ways, for instance in medical practice and education.

7. *Opportunities* in medical practice and education

Based on our outlined framework on time, we wish to address two issues in medical practice and health professions education. First, the *chronistic* clock allows us to seize control over our work, however, it also controls and dictates the lives of health professionals and medical trainees. There is much to do in little time, and that requires superb organization skills, but *kairos* does not let itself be planned. We would not deny that *kairotic* moments never occur during busy days. Rather, we point to *kairotic* moments getting lost once they have occurred during a busy day, because there is little time to let the potential force of the *kairotic* moment land. This is why we support taking time to reflect, for instance in scheduled 'reflection groups'.[57] However, from the perspective of *scholê*, we must be aware that at work we are encapsulated in protocols, values and norms that dictate our goals. We wish to reach goals because at work we are very invested in our roles as medical trainees or practitioners. This can invite typical (scripted) reflections[58] that abide by our prescribed responsibilities at work (*ascholia*). *Kairotic* moments like Coccia's disturbing one or more light-hearted ones, signal opportunities to break free from the modus operandi. To pursue such opportunities, we can keep the idea of *scholê* in mind. Contrary to *ascholia*, in *scholê* we are freer from obligations and goals. We do not argue that this process is binary. We suggest that prescheduled reflections during work-time can easier

54 .
55 (Lindroos 1998, 56)
56 (Lindroos 1998, Keller 1999)
57 (Veen and de la Croix 2017, van Braak et al. 2021)
58 (de la Croix and Veen 2018)

elicit reflections that stay safely within accepted parameters and socially desirable outcomes,[59] but that being vigilant about the latter might free reflection, even when it is scheduled during worktime.

The second point we wish to raise is related to the *chronistic*, linear and goal-oriented perception of reflection and learning that is sometimes prevalent in health professions education. For instance, in health professions education David Kolb's 'learning cycle' is a widely acknowledged model for learning and reflection, and has inspired other reflection and learning models.[60] What is particularly puzzling in these models, but Kolb's work in particular, is the conception of learning as both static and flexible.[61] They focus on learning as process, while simultaneously formulating a historicist fixed end-goal once the models are applied correctly.

In Kolb's model, learners initially belong to one of four learning styles. Any progression requires cycling through four learning phases, and each is related to one of four learning styles. Cycling through the phases successfully leads to expertise. Put simply, learners need to make sense of past experiences by reflecting upon them, then formulate a hypothesis, apply a technique to experiment, and assess its effect in practice.[62] Being an expert means reaching the 'integration stage' and drawing from all four learning styles.[63] Although Kolb's model has received extensive criticism,[64] in the case of skills acquisition one could assume that such a linear approach to use the past in light of the future might be effective. Nonetheless, the model becomes questionable because it also functions linearly on one's professional identity: "the process of socialization into a profession (…) instils not only knowledge and skills but also a fundamental reorientation of one's identity".[65]

Kolb's model and those that draw inspiration from it[66] exemplify a historicist propensity. In the 'integrated life style' of the expert, Kolb argues, "we see complex, flexible, and highly differentiated life structures. These [high-ego-development] people experience their lives in ways that bring variety and richness to them and the environment".[67] Contrary, those who have not reached the integrated stage experience more conflict in life, are less flexible, less creative, and bring less variety to their environment because they are unable to integrate all four learning styles.[68] Here, historicism's 'utopic' or 'dystopic' qualities are visible depending on one's success. On the one hand, the model provides some control over the learner's development if learners instrumentalize the past correctly; however, on the other hand, the model exerts control over the learner. The utopic end-goal comes with many positive qualities that

59 (Hodges 2015)
60 (Veen and de la Croix 2017, Nguyen et al. 2014, Roessger 2014)
61 (Coffield et al. 2004)
62 (Coffield et al. 2004)
63 (Coffield et al. 2004)
64 (Coffield et al. 2004)
65 (Kolb 2015, 261)
66 (Nguyen et al. 2014)
67 (Kolb 2015, 326)
68 (Kolb 2015, 325-7)

any non-expert currently lacks. If learners fail to follow suit, they remain stuck in a dystopic 'low-ego-development'.

If we confront Benjamin's criticism of historicism with the goal-oriented reflection and ideals surrounding professionalism, we argue that becoming a professional is not as unidirectional as some theories would project it. One can schedule and practice suture techniques, but scheduling 'professionalism' is much harder. Professionalism has a certain unplannable nature to it, and in the formative moments "truth must be brought to bear by an individual somewhere and somewhen".[69] Becoming aware of *kairotic* opportunities helps disrupt solidified truths (about ourselves, professionalism, doctors and so forth) without unidirectionally projecting new, fixed truths into the future. "This mental presence emphasises the ability to intuitively prophesise on the present, not through the past, but from the perspective of the present".[70] Therefore, we suggest to speak of *professional (present-) awareness*.[71] Following Benjamin's philosophy, historic facts are not questioned, but the interpretation of those facts result in ideas (about professionalism) that are reconstructed when past and present clash. If one is alert to *kairotic* flashes of now-time, they provide us with opportunities to either adopt or (re)constitute those inherited truths that make up medical practice. Consequently, the image of the ideal, professional doctor does not exist as a stable entity we inherit, but is a contingent montage of images and ideas in the present.[72] Such (re)constitution could happen in the moment itself, or could be explored at a later point in time through reflection by oneself or with others to become sensitive to *kairotic* moments.

8. Conclusion

In this chapter we have argued that there is a relation between *chronistic* and *kairotic* experiences of time. Moreover, we have explained that there is a difference between *scholê* and *ascholia*. We have further unpacked *kairos* with the help of Benjamin's criticism of historicism as a linear appropriation of the past that determines the present and future. These considerations lead us to raise two issues within medical practice and health professions education.

First, *kairotic* moments can occur at any time and are of value. However, there is a danger that 'taking time to reflect' occurs only with predetermined goals in mind for the sake of our responsibilities at work. Taking time as *scholê* is a way to break free from this inclination. Faced with endless tasks and vast volumes of information, opinion and demands for health care workers, it is labour that engulfs us. When one task ends, the next one begins. By bringing tasks to an end and allowing ourselves to come to rest in *scholê*, we might give ourselves time to rethink the purely goal-oriented sequence of daily events that encapsulate us. Perhaps the

69 (Smith 2002, 56)
70 (Lindroos 1998, 40)
71 (Wiegel 2015)
72 (Wyatt et al. 2021)

kairotic moment, when it strikes, is a call for inaction by setting aside the endless list of tasks and goals, and embracing freedom from tasks.

Second, we emphasise that *kairotic* moments can interrupt the tendency to reflect on professional development and the development of medical practice in an overly linear, deterministic and teleological manner. Consequently, we recommend moving away from terminology that shrouds models of learning and reflection in terms of linear professional growth and development.

Practice points

1	Learning theories, protocols and strategies based on previously successful experience is valuable, but theory cannot always cast a net over uncontrollable moments which require you to be open to the unique circumstance.
2	Institutionalized, goal-oriented reflection is valuable, however, dare to embrace the opportunity *kairotic* moments provide you to reflect on your ideas that guide your everyday habits.
3	By bringing tasks to an end and allowing ourselves to come to rest in *scholê*, we might give ourselves time to rethink the purely goal-oriented sequence of daily events that encapsulate us.
4	The image of the ideal, professional doctor does not exist as a stable entity we inherit from the past, but should be debated as a contingent montage of images and ideas infused by *kairotic* moments in the present.
5	Thinking *chronistically* isn't wrong or bad, and we should not abandon it; we require *chronos* for our organizational and historic understanding of our past, and it provides the space for *kairos* and a qualitative interpretation of our time.

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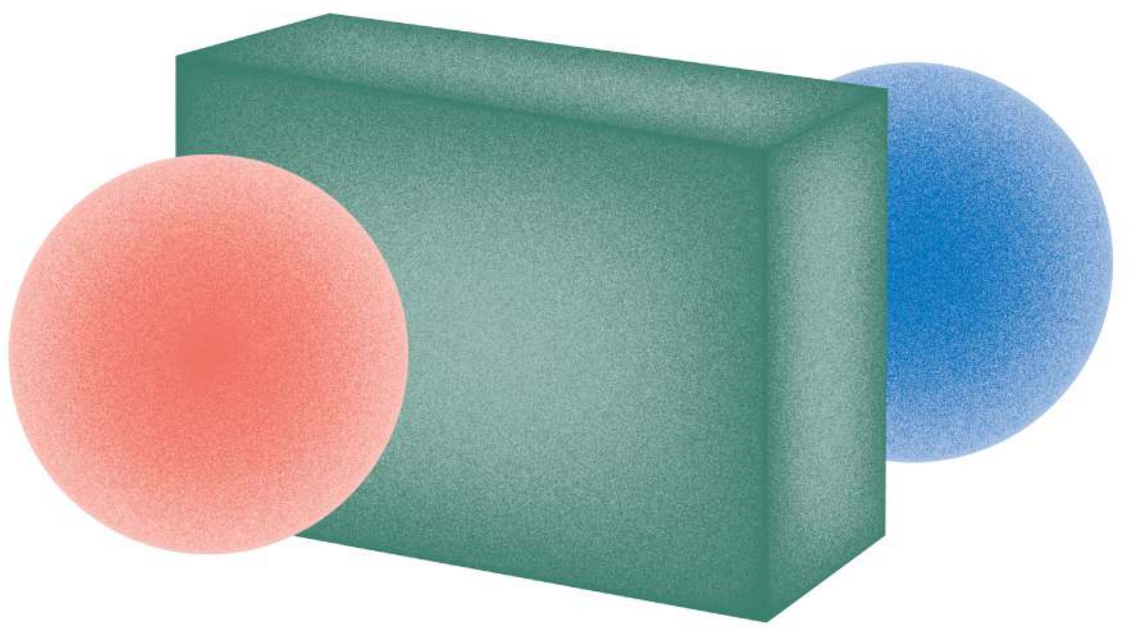

Chapter 5

'Oh yes, that is also reflection' – Using Discursive Psychology to describe how GP registrars construct reflection

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ABSTRACT

Introduction

Learners in medical education generally perceive that reflection is important, but they also find that reflection is not always valuable or practically applicable. We address the gap between the potential benefits of reflection and its practical implementation in medical education.

We examined the perspective of Dutch GP registrars who (must) reflect for their GP specialty training to understand their participant perspective on reflection. Our aim is stimulating alignment between reflective activities that occur in a medical curriculum and the ideals of reflection as a valuable educational activity

Methods

We conducted, video-recorded and transcribed seven focus group sessions with GP registrars in 2021 across two Dutch GP educational programs. We used Discursive Psychology to analyze the focus group data by focusing on 'assessments of reflection'. We analyzed their discursive features (*how* something was said), content features (*what* was said), and related these to each other to understand how GP registrars construct reflection.

Results

Participants constructed reflection with nuance; they combined negative and positive assessments that display varied orientations to reflection. First, their combined assessments showed complex orientations to norms and experiences with reflecting in practice, and that these are not simply negative or positive. Second, GP registrars constructed reflection as a negotiable topic, and showed how reflection and its value can be variably understood. Third, through combined assessments, they displayed an orientation to the integration of reflection with other educational tasks, which impacts its value.

Discussion

Generally, GP registrars speak positively about reflection, but the value of reflection partly depends on its proper integration with other educational tasks. When meaningful integration fails, activities to stimulate reflection can overshoot their own goal, and hamper learner motivation to reflect. Developing a healthy 'reflection culture' could mitigate some challenges. Therein, reflection is treated as important while learners also have adequate autonomy.

Keywords

Reflection, Focus groups, Discursive Psychology, Assessments

1. INTRODUCTION

Reflection is important in medical education training.[1-3] Reflection has been found to be valuable for a wide range of educational purposes,[4] such as growing professionally,[5,6] learning clinical skills,[7,8] becoming communicatively competent,[9] being ethically aware,[10] and bridging the gap between theory and practice.[11-13] However, the attitudes of learners in medical training towards reflection are diverse. [14] Some studies showed that learners found reflection valuable for their training,[14-19] for instance that group reflection[14] or reflective journal writing were helpful to stimulate reflective thinking.[16,18] Other studies found that not all learners were convinced of the benefits of reflection,[14] or that some preferred group reflection exercises over reflective writing.[15] Furthermore, learners sometimes perceived reflection as a time consuming task relative to its benefits, and that they did not see how reflection is applicable.[14,16,18-25] In sum, practical drawbacks that learners experienced could stand in the way of the intended benefits of reflection in medical training. We address this tension to illuminate the gap between the potential of reflection and its practical implementation in medical education.

What is presently missing in research that investigates learners' experiences with reflection,[14-19,25] is how learners themselves construct what reflection is, based on their own exposure to formal reflection activities during training. Our aim to uncover such a perspective is important for stimulating alignment between reflective activities that occur in a medical curriculum, and the ideals of reflection as a valuable educational activity.[26] For instance, understanding the participants' perspective of reflection can offer more insight about why some reflection activities are valuable for learners[27] and why others turn learners into "reflective zombies" who simply go through the motions to pass courses.[23,28] Furthermore, the participant perspective on reflection can provide knowledge about why learners (dis)engage with reflection, and it helps to map how the "educational environment within which reflection is expected to occur" influences learners and their motivation.[29(p.689)]

This study focusses on the participant perspective on reflection from Dutch GP registrars. While there are studies[30] that investigated a participant perspective on reflection from physicians working in hospitals, the participant perspective from learners in a specialty training who engage intensively with reflection is still underdeveloped. It is therefore appropriate to study the GP specialty training context, since it has had a well-established 'culture of reflection' since the 1970s that encompasses different reflection activities.[31] Dutch GP registrars have extensive exposure to institutionalized reflection on a regular basis; therefore, we examine how Dutch GP registrars construct reflection.

2. METHODS

2.1 Setting

In the three-year Dutch GP specialty training, each week consists of four days of residency learning and one day of training at the university.[32] The weekly training day consists of education about medical subjects, patient communication and so on. At the residency and university, they also engage in various types of institutionally organized reflection activities. At the beginning of each training day at the university, a fixed group of approximately 10-12 registrars come together with two teachers for 90-minute 'Exchange of Experiences' sessions, in which they discuss experiences from practice.[31,33-35] At the university, registrars also take part in 'supervision sessions' that emphasize reflection on one's personhood and professionalism, and registrars are taught additional group reflection techniques. Furthermore, they also share experiences with their supervisor during weekly meetings at the residency. Finally, GP registrars prepare assignments and log educational progress in a portfolio.[36] In our study, we addressed how GP registrars construct reflection across these activities.

2.2 Data collection and participants

We conducted and video-recorded five online and two in-person focus group sessions with GP registrars in 2021 across two Dutch GP educational programs (see Table 1). We opted for focus groups because these can provide space for varied perspectives on a topic.[37,38] We know from previous studies that experiences with reflection can vary, and that there is no unified understanding of its conceptual meaning or its benefits.[11,39] Whereas interviews provide only one perspective at a time, the dynamic interaction between perspectives in focus groups is helpful to "uncover the extent of consensus and diversity"[38] about reflection in a GP specialty training setting.

The focus groups took place in the context of an educational training day. Participants were sent information letters about the study in advance and had the possibility to opt out. The focus groups lasted one hour and were moderated by one of four moderators who did not have any role in the GP specialty education. The moderators received guidelines for conversation-starters and were instructed to intervene minimally to keep the conversation going amongst the participants. All focus group data were anonymized, transcribed verbatim, and fragments viable for analyses were checked for accuracy using Jeffersonian transcription guidelines.[40(for details see: 41)] The Erasmus University Medical Centre Ethical Review Board exempted this study from further ethical review (as non-medical research involving human subjects[42]). We adhered to the Helsinki declaration of medical research.[43]

Table 1

Group number	GP Institute	Training year	Number of participants	Online / in-person
1	EMC	1	11	Online
2	EMC	1	10	Online
3	EMC	1	11	Online
4	EMC	1	12	Online
5	EMC	3	9	In person
6	EMC	3	8	In person
7	VU	3	10	Online

* Demographic data were not collected as these were not relevant for the analysis.

2.3 Data analysis

Since our aim was to analyze the participants' perspectives of reflection, we used Discursive Psychology (DP)[40,44-46] to analyze the data.[37,45,47,48] DP focuses on how psychological concepts (in our case, reflection) are used and constructed in interaction, while taking into account their social context, form, and content. DP examines how participants use discursive devices (rudimentary building blocks of interaction, such as asking questions, using metaphors, providing disclaimers) to perform social actions.[40]

Using DP in this study had the following implications for our research design. First, we studied the participant perspective on reflection dynamically[39] in (inter)action, without adopting a theoretical framework or concept of reflection that functioned upfront as an analytical lens. For DP, this was a sound methodological choice, since adopting an analytical lens a priori would have undermined our attempt to present how participants themselves constructed reflection.[40,49] Furthermore, this agnosticism was apt since there is a lack of consensus on what reflection means,[11,39] and that learners can have varied experiences with reflection. The potential variation in our data was something we embraced, while striving for data saturation was not an aim from our interaction research perspective.[45,50]

Second, we used the word 'constructing'[51,52] (reflection) as a technical term. DP holds that "what people say is not a reflection of what has happened or what their intentions are."40[(p.7)] Conversely, people's discourse constructs certain versions of reality, while it undermines others, and there are always "different constructions or different versions of reality."40[(p.13)] Therefore, we did not portray what participants said as 'participant experiences', or 'participant feelings' about reflection, unless participants themselves oriented towards reflection as, for instance, having a 'feeling' about reflection. We do not deny that participants had experiences or feelings, but we only scrutinized discourse and rhetorical constructs about reflection, which can differ from their intentions or inner states.

Following DP methodology, we analyzed the focus groups in four data-driven steps.[40,46] First, we familiarized ourselves with the data through open coding using Atlas.ti.[53,54] In this preliminary analysis, we found that when participants spoke about reflection, they did so

through *evaluations*, which we have called 'assessments of reflection'. DP literature has described how participant assessments[55-59] evaluate an object or event, and indicate "a sense of his or her experience."[56(p.57)] For example, '*I tasted it*' [object of assessment], '*it was really horrible*' [assessment], and these are common in daily and institutional talk. Second, we collected all fragments containing assessments of reflection.[40] Third, we analyzed the assessments' discursive features (*how* something was said) and their content features (*what* was said). Finally, we related these features to each other to describe how participants constructed reflection.

A common feature of DP is to hold 'data sessions'[60-62] at various stages during the research in which a variety of attendees analyze anonymized data fragments. Attendees share their primary impressions of the data; subsequently, these are collaboratively checked against the data. This process leads to explicating what the "procedural infrastructure of interaction" in the data is,[62(p. 141)] which validated our findings. We conducted five data sessions, and these were attended by linguistic researchers, but also stakeholders such as GP specialty training teachers, GP registrars, and other health care professionals. GP registrars who participated in the focus groups did not attend the data sessions.

2.4 Research team

Our team consisted of the principal researcher who has a background in philosophy, interaction research and education, and who is also a licensed teacher (SS), a linguist and educationalist with much research and teaching experience in the medical education field (AC), and a philosopher and interaction researcher, who has much experience with researching medical education (MV).

3. RESULTS

We found that participants constructed reflection with nuance; they combined assessments[57] that display varied orientations to reflection. We will illustrate three orientations to demonstrate the variance. In section 3.1, we demonstrate how participants combined assessments that show complex orientations to norms and experiences with reflection in practice, and that these were not simply negative or positive. In section 3.2, we illustrate how combining assessments made reflection a negotiable topic. In section 3.3, we present how combined assessments displayed an orientation to the integration of reflection with other educational tasks, and the impact of integration on the value of reflection.

3.1 GP registrars construct reflection with nuance by combining assessments

By combining negative and positive assessments, participants constructed reflection as potentially valuable, but also problematic in educational practice. Excerpt 1, in which participant

J describes a regular day at the university, illustrates a typical combination of negative and positive assessments in our data:

Excerpt 1 Group 4

1	Mod.	↓yes (.) and you say in whatever way ↑reflection?
2	J	well yes first you have learning of exp::erience, and then apc,
3	-→	but that is often (.) secretly >disguised as also a bit reflection<
4	-→	also because >with us they merge with each↑other<,
5		and then also a supervision session of an hour and a half,
6	-→	and then (0.8) then I have had it if I ↓am honest.
7		(1.2)
8	J +→	because then at some moment then .hh-h- yes they are all >very relevant
9		↑cases that everyone presents for ↑sure<
10		(0.9)
11	J +→	very ↑fun ↑things,
12		(0.8)
13	J -→	but they then no longer >receive the attention that they deserve<
14	-→	because >you just notice that you are done after such a day< eh zooming

After an initial description (line 2), J combines a string of positive (+→) and negative (-→) assessments, signposting them with contrastive discourse markers "but" (lines 3, 13).[63] With these combined assessments, J constructs reflection in light of a shared norm[45,58] that reflection is relevant. J's qualifications are not expressions of his personal opinion, but as qualities of the assessed object.[57] Instead of the pronoun I ('I find cases relevant'), he uses a generalized "they" (lines 8, 13), and contrasts what happens with what should happen to demonstrate a shared norm.[45] Thus, he justifies his criticism, which is a "delicate action, by reference to problematic qualities in the world."[57(p. 349)] With negative assessments, J displays how the day's excess and merging of reflective activities, which causes exhaustion (line 14), obstructs what should (positively) happen: fun and relevant cases should receive attention.

Assessments are not always produced by a single speaker. Excerpt 2 illustrates how two participants combine assessments across their turns, while placing the positive and negative assessments in a different order in comparison to excerpt 1.

Excerpt 2 Group 6

1	+→	B	I find reflecting I find it just ↓su:per ↑go:od,
2	-→		but it must not turn into all these extra tiny ↓t:::asks that ↓yes=
3	-→	H	=that you dre::ad and that [you ( )]
4		B	[yes that actually]
5	-→		do not have any added val [ue] anymore.
6		H	[yes.]

In line 1, B positively assesses 'as her opinion'[57] that she finds reflection "super good". This strongly intensified formulation, followed by a contrastive marker (line 2), can be understood as a disclaimer[40] that mitigates upcoming criticism.[64] B proposes that reflection can turn into tiny extra tasks, and explicitly frames this as undesirable (line 2). H shows alignment with B, and upgrades the undesirable aspect of doing tiny tasks as a dreaded activity (line 3), that for B has little "added value" (line 5). In sum, while the participants initially orient to reflection as something very positive, the combined assessments show how they use the conditions (dreaded, tiny tasks) to also say reflection can lose value in certain situations.

3.2 Treating reflection as negotiable

Participants treated reflection as being negotiable,[65] for instance, through disagreement with previous speakers (Excerpt 3) or displaying a 'change-of-state'[66] about reflection (Excerpt 4). In group 6, C speaks positively about a joint consultation (not shown in Excerpt 3). C explains that he and his supervisor "do all visits together (...) and then we rotate, and then in the car to the next patient eh we are just simply eh trying some things."(Participant C, group 6) Participant F adds she has a similarly positive experience with this educational practice, and C then assesses doing joint consultation as "fun" and as "very much active learning."(Participant C, group 6) In excerpt 3, after F's closure in line 1, participant G starts her turn. G evaluates how joint consultation is negatively tied to reflection, and positions herself opposed to participants C and F:

Excerpt 3 Group 6

1	F	[°yes°]
2	C	[I find that very much active learning when you discuss communication.]
3	G	[yes it is somewhere it is indeed ↑good but somewhere it also always]
4		makes me s:igh a bit because then I have I have a r::eally ve::ry n::ice
5		supervisor who at the beginning of our joint consultation asks like gee,
6		AND (.) WHat will WE pay attention to for this [joint] consultation?
7	O	[yes.]
8	G	>and then I think< oh :god here we go again and I must say something
9		that you will pay ↓attent::ion to >whereupon I must do some reflecting again,
10		.h and sometimes >now I am being very honest< ehh th- th- that is not
11		something I actually want to ↓do.
12		I just want to do my consultations,
13		>and of course it is good to be aware of what you pay attention to and
14		what your learning issues a↑re<
15		.h but I yes I never have actually so much desire to do that joint consultation
16		but also for those rea↓sons.

First, G pro-forma agrees with C (line 3), but then uses a contrastive marker to build her own case. Although G assesses her supervisor as “very nice” (line 4), she describes how the supervisor approaches her with the question “AND (.) WHat will WE pay attention to…” (line 6). Although ‘we’ points to cooperation, G subsequently frames this reflective task as one she alone must perform, which she emphasizes with her shifting pronoun use to “I must do some reflection again” (line 9). Thereafter, G uses an ‘honesty phrase’[67] (line 10) that stresses her sincerity. This prefaces the normatively contested position[67] of G’s rejection that “this” is not something she wants to do (line 11), which negatively contrasts with C’s and F’s positive accounts of doing joint consultation. G counterbalances her rejection with the positive assessment that it is “good to be aware” (lines 13-4), showing alignment with C and F, but nonetheless she repeats her rejection (line 15). Overall, the combined assessments illustrate how G positively related reflection to ‘awareness’ (in alignment with C and F), but that reflection is not simply settled as a positive activity for G.[37,45]

In excerpt 4, E displays a change-of-state[66] through assessments in relation to participant S (not shown). S says that regularly re-watching taped consultations with her supervisor, and discussing questions like “why did you ask this,”(Participant S, group 1) are all examples of reflection. Then, the moderator opens the floor for responses:

Excerpt 4 Group 1

1	Mod.	uhm (1.3) do others have uh an uh a similar view or just something else like
2		for ↓me this is reflection.
3		(1.9)
4	E	well I find it funny because uhm, now that you asked that question there at the
5		e::nd,
6		I thought well (.) ↑oh yes that is also reflection.
7		but then I would have answered very differently than how I just answered.
8		because I had thought for my↓s::elf (.) that reflection is really something (1.0)
9		ye::hs a reflection ↓report.
10		really something you need to sit down f:or.
11		because that (.) I do not do ↑s::o much,
12		but all those other things (0.9) ↓do happen heha.

E prefaces her answer with the disclaimer that it is "funny" (line 4), and an "oh yes" change-of-state token (line 6) "to propose that [she] has undergone some kind of change in [her] locally current state of knowledge." [66(p. 299)] Subsequently, E delivers two key assessments: "reflection is really something (1.0) ye::hs a reflection report" (lines 8-9), and that this is "really something you need to sit down for" (line 10). These assessments make a norm interactionally visible,[45,57,58] specifically because E shifts pronouns from a generalized 'you' (who needs to sit down to reflect), to a personal 'I' who deviates from that norm (line 11). E's self-assessment marks the contrast between her rarely sitting down to reflect (line 11), while "all those other things [like watching recordings with a supervisor] do happen" (line 12). This contrast demonstrates E's change-of-state about the norm: generally, reflection for E meant sitting down to write reflection reports, but after hearing responses from peers, it can apparently indicate other things, too. This orientation with combined assessments to reflection shows the variability of what reflection implies for participants, and how they (re-)construct norms interactionally.[45,58] Excerpt 4 illustrates what DP literature describes as norms (about reflection) that can be "flexible and fluid in their forms and might be challenged, overruled, or reformulated."[44,45]

3.3 GP registrars construct reflection as valuable, but at odds with other tasks

By combining positive assessments with negative assessments of reflection, participants showed their orientation to reflection as either well-integrated with, or disconnected from, other education. Integration created educational value, whereas disconnection created tensions between reflection and other tasks. One example comes from H, who states that filling out a ComBeL (an evaluation format for mapping GP CanMEDS progress) is a helpful reflection tool for her personally.[(Participant H, group 3)] However, she is also required to write additional reflection reports, and hand in recordings of consultations for assessment and feedback, "all of which needs to be done for the university."[(Participant H, group 3)] H then states:

Excerpt 5 Group 3

1	H	I truly get >that the university really wants to stimulate you< to re↑flect
2		but then the straightjacket is actually ↑so ti↑:ght (.) :eh that I think yes
3		m- my goals are only very limitedly re↓:ached with it.
4		ehm and everything that I want to do myself needs to happen besides that.
5		(.)
6	H	>which is fin:e<
7		but in my view it thus overshoots its own [goal.]
8	Mod.	[yes.]

In line 1, H displays an understanding that reflection is important, framed as an institutional norm coming from the university to stimulate registrars to reflect. These expressions, however, clash with her negative assessments of practically doing reflection. She reformulates the tasks she must do for the university as a "straightjacket," which she negatively assesses as "so tight" (line 2). The straightjacket is detrimental to her own reflection, which she must do in her own time, although she positively assesses this as "fine" (line 6). With this self-assessment, H is heard as not averse to doing reflective work, since she does that on top of all her other tasks. Nonetheless, she concludes that the training "overshoots its own goal" (line 7); reflection exercises can stand in the way of valuable reflection itself.

The orientation to reflection's integration with other educational tasks occurred throughout our collection of assessments of reflection. For instance, participant P says that reflection can "just feel so perfunctory, that one so to say must show that one can do it, although I think we all already reflect a lot, and this is not so useful."[Participant P, group 5] P constructs reflection as a performative task that contrasts with doing (personal) reflection that already occurs. Such a view aligns with statements from excerpt 2 by B and H: reflection as "tiny tasks" lacks "value," and with G's descriptions from excerpt 3. For G, reflection is something "she must do," and initiated by her supervisor as a task. Finally, E's description of writing reports "that you really need to sit down for," (Excerpt 4) is equally telling. Writing reflection reports as such is not bad, but E does not do this often. The formulation "that you really need to sit down" for writing them, constructs reflection as something happening separate from other tasks.

The negative assessments stand in stark contrast with C's and F's more integrated and positive descriptions of how they and their supervisors "just try some things," and have "fun" and are "actively learning."[Participants C, F, group 6] Additionally, H mentions that doing the ComBeL for herself is personally very valuable,[Participant H, group 3] and that participant S[group 1] and E (Excerpt 4) say that reflection happens often, for instance when participants watch recordings of their consultations with supervisors. These participants positively assess reflective activities when these integrate well with their training and own learning needs. Nevertheless, with combined assessments, we see how GP participants orient themselves to the manner of integration, and how they construct it as a factor that impacts the value of reflection.

4. DISCUSSION

4.1 Main findings

Our analysis provided the following findings on how GP registrars construct reflection. Their combined assessments show orientations to reflection that are not one-sidedly negative or positive. With positive assessments, GP registrars construct the norm that reflection is important,[45] while they nuance that positivity with negative assessments based on their practical experiences with reflection. The positive assessments function discursively as mitigations and precursory disclaimers for criticism. These nuanced orientations imply that GP registrars construct reflection as a complex educational phenomenon, and as something that comes with tension between the willingness to reflect, and the practicalities of how they (must) reflect.

In our data, the registrars' combined assessments show variations in their construction of reflection. Whereas all registrars speak in similarly positive terms about reflection, their negative appraisals vary (e.g., Excerpts 3, 4). Such variation indicates that registrars reasonably orient themselves to (the norms about) reflection differently, and that they may not share the same views about how to valuably engage with reflection.[68] We do not perceive such variance negatively, but as something that researchers, teachers and curriculum designers should acknowledge.[68] Furthermore, our analysis shows how registrars add important nuance and detail to their combined assessments by referencing practical reflection activities (Excerpt 4).[39] Thus, the participants' knowledge of actual activities clarify, validate or even challenge how generalized appraisals, theories and conceptualizations of reflection function valuably in practice.[30,36,69-71]

Our results show an overarching orientation of GP registrars to the integration of reflection with other educational tasks; these findings echo observations from previous research on reflection. From a Self-Regulated Learning perspective, Sandars[27,29] warned that when reflection activities are merely 'bolt on', they negatively impact learner motivation to engage with reflection. According to Sandars, motivation benefits from clear goals, but a challenge with reflection is that its goals are not always (made) clear, or worse, that some registrars in our data see minimal to no value in the institutional goals. Additionally, our data adds weight to insights about motivation and "activity-specific" incentives (finding enjoyment in doing the task itself), as opposed to "outcome" incentives.[27,72] Whereas some registrars in our data share positive examples about reflection that align with activity-specific incentives (Participant C, group 6, and Excerpt 3), GP registrars question the value of the outcomes. When reflection activities must be done on top of other (reflective) activities as (tiny) tasks that hold little value beyond showing the teacher that one can reflect, it impacts motivation. We suggest that ('bolt on') tasks with little activity-specific incentives can incite negative, outcome-oriented motivation and tick-the-box reflection behavior. This can turn learners into reflective zombies.[73] Our findings further corroborate the assumption that mere outcome-oriented behavior can drain energy

(Excerpt 1), and that learners are forced to use self-regulatory strategies instead of being in the flow (Excerpt 3).[72]

The positive, activity-specific incentive is related to how much guidance and assessment is required, and how much autonomy should be given to the learner in the educational environment.[74] Guidance and assessment can be helpful "to provide learners insight into their performance,"[74(p.4)] but it can also stand in the way of learner autonomy, and the leeway to make choices that suit personal needs (Excerpt 3-5).[72] Our data resonates with this tension, especially when GP registrars construct reflection as something they often do for themselves in-action,[75] versus constructing reflection as a straightjacket (Excerpt 5).[36]

4.2 Educational implications

A key question for teachers and curriculum designers should be 'why' medical students and registrars must reflect;[29,76] is it to perform and show to teachers that one can reflect, or is it intrinsically valuable?[77] We suggest critically considering how often reflection should occur in a curriculum,[16,17] and how reflective activities can be meaningfully integrated with other educational activities.[14,15] Teachers and curriculum designers should be vigilant about a reflective overload that incites outcome-oriented behavior, and it would be good to minimize consecutive reflective activities in quick succession.[16,17,78] Thus, organizing reflection properly alongside other education is important,[18] especially when learners who enjoy activity-specific incentives "will often outperform and be more motivated than those who have only set outcome goals."[27(p. 877)]

Our findings indicate that not all GP registrars recognize the same activities as reflection or perceive them as valuable.[14] This finding adds weight to Chan and colleagues' work,[24] who argue that learners require reflection literacy for reflection to become valuable. Furthermore, our results corroborate the argument that reflection is not a one-size-fits-all activity.[14,68] We suggest that reflection is predominantly something that can be practiced valuably in various ways.[11] One educational approach could be to create a healthy 'reflection culture.' While the teaching institution safeguards the shared norm that reflection is important (for instance by organizing regular, diverse reflection activities), the institution could also give learners autonomy[74] by letting them practice and experiment with different reflection activities that suit their needs. This can offer leeway to students who, for instance, prefer group reflection over written reflection,[15,36] while addressing the challenge of instituting mandatory, but meaningful, reflection.[14,16]

4.3 Limitations

Ideally, DP examines interaction in natural settings to understand how people use psychological categories in everyday practice. We prompted GP registrars in focus group settings to speak about their experiences; this is a contrived way of generating data.[79,80] Nonetheless, this allowed us to capture how GP registrars themselves construct reflection in interactionally rich ways that

was otherwise impossible, though their constructions are not exhaustive.[45,50] Furthermore, we drafted participants from two GP specialty training institutes during the Covid pandemic under severe containment measures. While some focus groups occurred on a digital platform and others were in-person, the digital environment influenced the interactional dynamic.[81] Finally, the focus group conversations may also have been affected by the institutional culture, since they took place in a setting wherein reflection activities were firmly established as educationally important. Consequently, speaking critically about one's institute can be challenging; this might encourage showing oneself as a willing, reflective learner, who also mitigates criticism to show that one is 'being constructive.'

5. CONCLUSION

We applied Discursive Psychology to recorded and transcribed focus group data to show how GP registrars construct reflection. Their construction is not simply negative or positive; instead, GP registrars display balancing between positive and negative assessments of reflection. They align positively with the general norm that reflection is important, but these positive assessments also act as mitigations for further criticism through negative assessments. Most criticism is constructed in reference to doing reflection activities in practice that illustrate how reflection lacks value. Furthermore, the combined assessments show how registrars have a varied understanding of what reflection entails, which constructs the meaning (and value) of reflection as negotiable. Finally, while reflection is generally constructed as important, activities that aim to stimulate reflection but lack meaningful integration with other educational tasks, can overshoot their own goal to instigate reflection. Developing a healthy 'reflection culture' could mitigate some challenges. Therein, reflection is treated as important, while learners also have adequate autonomy.

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Ethical approval

The Erasmus University Medical Centre Ethical Review Board exempted this study from further ethical review (as non-medical research involving human subjects). We adhered to the Helsinki declaration of medical research.

CRediT

Sven Schaepkens: conceptualization (equal); methodology (equal); data curation (lead); formal analysis (lead); writing - original draft preparation (lead); writing – review and editing (equal). **Anne de la Croix:** conceptualization (equal); methodology (supporting); formal analysis (supporting); writing – review and editing (equal). **Mario Veen:** conceptualization (equal); methodology (equal); formal analysis (supporting); writing – review and editing (equal).

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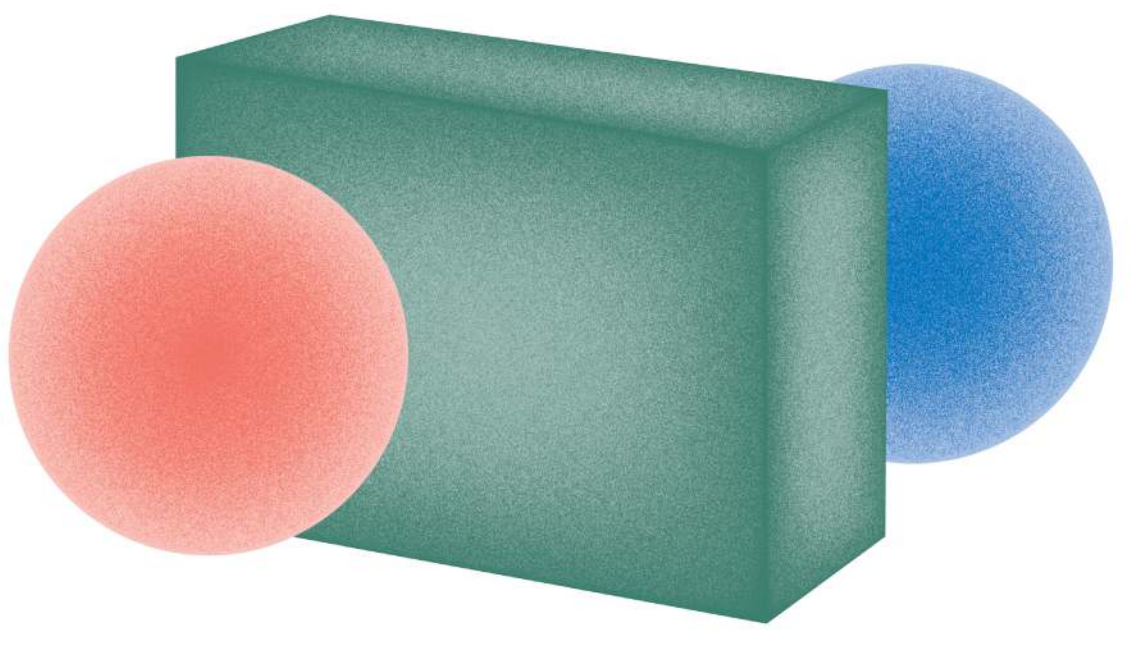

Chapter 6

What affects you? A conversation analysis of exploring emotions during reflection sessions in Dutch General Practitioner Training

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ABSTRACT

In Dutch training for general practitioners (GPs), reflection on professional practice is key to their training. Such reflection is considered beneficial for professional development, especially when it entails discussing the emotional dimension of practice experiences. In the GP context, invitations to share the emotional side of things, such as "how did that make you feel?" are considered functional; yet, they are also sometimes viewed by participants as 'grilling', 'just too much' or 'too intimate'. Put shortly, putting emotions on the table is institutionally embedded in the GP reflection context, but not always straightforward. Thus, we ask: 'how do teachers and GP residents invite talk about emotions in educational reflection sessions?'

In this study, we explored the Dutch phrase 'raken, geraakt worden' (being affected) as one interactional practice used to initiate emotion talk. We conducted a conversation analytic collection study of instances of this phenomenon based on 40 video recordings of hour-long 'reflection sessions' at the Dutch GP specialty training. During these sessions, approximately ten GPs in training discuss recent experiences from medical practice under supervision of one or two teachers.

We found that participants orientated to the relevance of 'being affected' as a topic for discussion. Variations of the form 'what affects you now?' may contribute to putting emotions on the table; they can project a stepwise exploration of the emotional dimension of an experience. The 'what affects you now', often done in interrogative format doing a noticing, in combination with a request, is a powerful tool to instigate transformative sequences. The form is less effective to put emotions on the table when the topic shift it initiates is not grounded in previously presented personal stakes or displayed emotion.

The study's findings show how detailed interactional analysis of one sequentially structured practice can benefit education and contribute to theory on emotions and reflection. The mobilizing power of 'what affects you' can serve institutional purposes by doing topical work in relation to educational aims, while its power can also be deflated when prior talk does not project the relevance of unpacking the emotional dimension of an experience. Its interactional workings may translate to other helping contexts as well.

Keywords

emotion, reflection education, inviting emotion talk, conversation analysis, General Practice

1 INTRODUCTION

Reflection on practice is beneficial for the development of medical professionals during and after their training (Sandars, 2009; Schaepkens & Lijster, 2022). Frequently, experiences that come with strong emotions become meaningful for future practice (Marathe & Sen, 2021; Sandars, 2009), and speaking about them in a reflective setting can be valuable and transformative (Peräkylä, 2019; Holmes, 2010). Talking about emotions can change feelings, thinking and (professional) behavior (Sandars, 2009), and the interactional emotion talk can become a vehicle to display transformation of experience (Peräkylä, 2019). Since emotions significantly impact how professionals do their work, creating attentiveness to the emotional dimension among professionals, but also training professionals to talk about the emotional side of their experiences during their medical training, could enrich medical practice (Ajjawi, Olson, & McNaughton, 2022; de Carvalho Filho et al., 2020). Nonetheless, publicly showing and addressing emotions during medical training can be challenging, delicate or even scary interactional business for professionals, teachers and students (e.g., van Braak et al., 2021). For instance, emotions can be discursively treated as involuntary displays of (private) inner states in relation to maintaining control (Edwards, 1999).

Research has shown that in various institutional settings, such as Alcohol Anonymous Groups, elaboration on emotional experiences can be difficult. For instance, AA participants use statements from prior speakers as a resource to 'find words' for their own experience (Arminen, 1998). Within the context of the GP specialty training, we found that residents perceive invitations to explore the emotional dimension of experiences during their General Practitioner specialty training sometimes as difficult, grilling, just too much or too intimate (van Braak et al., 2021). Invitations like 'how did that make you feel?' can display interest, but they can also be annoying ways to invite reflection on practice experiences (Maltha, Kant, de Groot & Neeskens, 2020), or invite residents to merely play along and talk about emotions to pass the course (Birden & Usherwood, 2013; de la Croix & Veen, 2018). Teachers who facilitate reflection on practice must therefore be attentive (Veen & van Braak, 2022), and manage balancing between stimulating professionally meaningful explorations of emotions in a social context with others, while respecting that emotions are personal. In this study, we will use an interactional approach to study emotions. This approach implies that we understand emotion in talk as performative: people do things with displays of emotion in talk, and any display of emotion should be understood within the specific bounds of its interactional environment (Couper-Kuhlen, 2009; Kupetz, 2014). Consequently, we will not research emotions as an individual's personal or private experience; rather, emotions are nestled in the interactional activities. We will scrutinize how emotions receive meaning in relation to any preceding talk, while emotional displays simultaneously project follow-up actions in response to the display (Peräkyla, 2012; Kupetz, 2014; Hepburn & Potter, 2012). In short, we will treat emotions as

“interactional phenomena, pervasively shaped by the presence of others” (Weatherall & Robles, 2021, p. 3).

We will analyze real-life explorations of emotion during reflection sessions at the Dutch GP specialty training. First, we will provide a brief overview of interactional research on displays and responses to emotions in everyday and institutional settings. Second, we will address how GP teachers and residents are oriented to ‘putting emotions on the table’. Third, we will explore the Dutch phrase ‘raken, geraakt worden’ (being affected) as one particular way how participants put emotions on the table and engage with topicalized emotions. Our research will generate knowledge about the interactional workings of discussing emotional aspects of experiences in an institutional, and specifically an educational context. Moreover, our research will offer an interactional perspective on the role of emotion in reflection in medical education, and our insights will support teachers and GPs in training (residents) when they deal with emotions during medical training. Thus, we ask: ‘how do teachers and GP residents invite talk about emotions in educational reflection sessions?’

While showing emotions and responding to them are everyday interaction business, previous interaction studies show that emotion in talk is complex. For instance, crying “rarely switches on in full form,” but follows after an accumulation of (subtle) distress signals that unfold throughout an interaction, and impact the ongoing talk (Hepburn & Potter, 2012, p. 200). The interactional complexities of distress and responses to distress (e.g., crying, sniffing, silences) are investigated in everyday and institutional interaction analysis (e.g., psychotherapy, see Muntigl & Horvath, 2014; Peräkylä, 2019; also, child protection helpline, see Hepburn, 2004; Hepburn & Potter, 2012). Displays of pain and anxiety are a common theme in medical interaction research (see, e.g., Parry, Hepburn, & Ford, 2019). Also, anxiety-related displays of emotion are investigated in the context of emergency calls (for an overview, see Voutilainen, Peräkylä & Ruusuvori, 2010). Research on emotions in various contexts helps to understand its functions and variations. Hepburn (2004), for example, based on child protection helpline interaction, suggests that crying is not really a unified phenomenon in the way that psychologists treat it. Generally, this body of research suggests that emotions are not just private business or displays that mirror internal states; instead, emotions are a complex, rich, social practice (Edwards, 1999), grounded in interaction.

Interaction research scrutinizes how emotional meaning is derived from the delivery of the turn in relation to its preceding turns (Weatherall & Robles, 2021). Turns can carry certain emotional features, such as a heightened energy in terms of intonation, volume, speed, rate (Weatherall & Robles, 2021; Weiste & Peräkylä, 2013), and breathiness (Hepburn & Potter, 2012). Multimodal displays of emotion include, for example, gaze, facial expression and touch (Weatherall & Robles, 2021). “Response cries” (Goffman, 1978) can display surprise, disappointment, or empathy (e.g., Weatherall & Robles; Heritage, 2011), and particular lexical choices and grammatical structures may all signal emotion (Peräkylä, 2019). In short, emotional features contribute to the rich ascription of emotion in the context of the turn

(Muntigl & Horvath, 2014; Stivers & Rossano, 2010). For instance, breathy voice may signal emotion at one point in interaction, but signal out-of-breath-ness in the next. Within the Dutch GP specialty training settings, displays of emotional signals are a common occurrence in its institutional reflective settings (van Braak et al., 2021).

Displays of emotion have certain "mobilizing features" (Muntigl & Horvath, 2014, p. 106) that invite receipts or responses from others. Previous research explored how people respond to emotional displays; for instance, by showing empathy or sympathy (e.g., Ford & Hepburn, 2021; Heritage, 2011). Kupetz (2014) researched facial expressions and follow-up questions in everyday interactions that present candidate understandings of the displayed emotion. These include expressions with mental verbs ('I can understand that'), second stories (Arminen, 2004), and formulations. From conversation analyses of therapy settings, we know that the latter practice is common. Therapists invite patients to elaborate on the emotional side of their experience by formulating an interpretation of yet unshared but noticeable emotional aspects of experience tellings (Muntigl & Horvath, 2014; Muntigl, Knight, & Angus, 2014). Formulations about emotional states (Heritage & Watson, 1979; Knol & Huiskes, 2020) can topicalize an emotional aspect that is inferable from the client's prior turns (Knol & Huiskes, 2020; Muntigl & Horvath, 2014). Related to formulations are noticings; these name or verbalize previously non-verbalized displays of emotion, such as "I can see some sadness in your eyes, right" (Muntigl & Horvath, 2014, p. 90), and 'do recognition' (Voutilainen et al., 2010) of a displayed emotion. In psychotherapeutic settings, the practice of noticing contributes to the general institutional task at hand, "by projecting a sequence that initiates and enables the step-wise entry into exploration" (Muntigl & Horvath, 2014, p. 106).

The aforementioned practices regarding emotion talk make elaboration about the display of emotion appropriate, but responding to emotion displays is not always straightforward. An uptake "involves orienting to something that is displayed ( ), rather than to an action, claim or proposition (Hepburn and Potter, 2012, p. 208). Responses to emotional displays can therefore work in various ways. They can disrupt the progression of the interactional activity by inciting crying that prevents further talking, while they can also progress the interaction and create space to explore emotions (Hepburn & Potter, 2012; Muntigl & Horvath, 2014). Uptakes that are relatively implicit, like 'low-inference' responses that acknowledge the emotional valence of a client's turn, thanking someone for sharing an emotional story (Peräkylä, 2019), commiseration (Peräkylä, 2019), 'take-your-times' (Hepburn & Potter, 2007; Knol & Huiskes, 2020), and imperatives that direct the client to extend their emotional display (e.g. crying; Muntigl, 2020), create interactional slots for putting emotions on the table. More explicit ways of progressing emotion talk have been analyzed by Muntigl, Knight and Angus (2014) in the context of therapy. They address the therapist's eliciting practices that prompt clients to formulate the emotional impact (e.g. 'How did that make you feel?'). By not engaging with the displayed affect, such elicitations are less affiliative than, for example, noticings, but they

still can “create an implication that there is more to the client’s story than was said” (Muntigl et al., 2014, p. 757).

Finally, empathic responses function differently in everyday versus institutional contexts, but also between institutional contexts (Hepburn & Potter, 2012; Ford & Hepburn, 2021). Acknowledgements of distress or difficulty, such as ‘It’s frustrating, isn’t it?’ can initiate talk beyond the aims of ongoing institutional business in some settings, while it can be central to the institutional business in other settings. In therapeutic contexts, therapists are institutionally entitled to pursue talk on emotionally laden aspects of experiences. They can harness pursuits and explorations of emotion displays to create therapeutical tension, which can be purposefully exploited for therapeutic reasons. Pursuits of emotion, however, are potentially face-threatening acts in contexts where they are farther away from the institutional business. In that case, the person who is invited to share their emotions is at risk of “being too exposed or vulnerable” (Muntigl. 2020, p. 3).

Conversation analytic research on emotion talk in educational settings is quite limited. In educational literature, as well as in medical educational literature, we do see conceptual and empirical claims that talking about emotions is important. Preschool teachers, for example, are encouraged to model talking about one’s emotion by explaining, questioning, or guiding children to use emotion words to convey their emotional stance towards what is happening around them (Yelinek & Stoltzfus Grady, 2019; see also Spilt, Bosmans, Verschueren, 2021). Studies like these quite often report observational data that gloss over ways in which teachers and children display emotion in talk. In medical education, consensus is that emotion plays a crucial role in the professional formation of health professionals (McNaughton, 2013), although talking about emotions (while sharingexperiences with patients, for example) is often not yet part and parcel of medical training (Gramner & Wiggins, 2020; McNaughton, 2013; Shapiro, 2011). An interactional perspective on initiating talk about emotions related to professional experiences is clearly lacking (Rydén Gramner, 2022). One exception is work on the enactment of an embodied affective stance in a fiction seminar that was part of medical training. Rydén Gramner and Wiggins (2020) show how a medical student embodies her affective stance; in this case, the telling that includes the enactment just goes on without additional requests for clarification by the listeners. That is, no explicit interactional work (except for listener tokens) is required to keep the emotion ‘on the table’. As such, the study does not provide insight into means to initiate emotion talk if it is deemed relevant but not topicalized by the one telling about an emotion-relevant experience. It also does not shed light on pursuing emotion talk once the emotion is ‘on the table’. These two aspects are particularly relevant in the setting that we will focus on in this paper: reflection sessions between GPs in training. In this setting, there is a precarious line between what is not considered functional to discuss in this medical training setting, and what is. If we would be able to describe how emotion talk is initiated in an institutional setting with specific educational goals, we would therefore not only augment our theoretical knowledge about the form and function of emotion displays in interaction, but will

also be able to suggest ways forward to medical educators dealing with the dilemma of putting (and keeping) emotions on the table - or not.

2 METHODS

2.1 Data and participants

For this analysis, we drew on 40 video recordings of hour-long 'Learning from Experience'-sessions at all eight Dutch General Practitioners specialty training institutes. These recordings were collected for the project on teacher facilitation of 'Learning from Experiences' (van Braak, 2021). The sessions constituted an integral part of Dutch GP training. They were scheduled weekly during training days at the educational institute, and approximately ten GPs in training discussed recent experiences from practice under supervision of one (15 groups) or two (25 groups) teachers. An anonymized overview picture of one session is presented in Figure 1.

Figure 1. Anonymized overview picture of a 'Learning from Experiences'-session. The teachers are situated at the head of the table (top left of picture); the other participants are GPs in training.

Teachers in the recordings were experienced GPs (35), specialist physicians (1) and behavioral scientists/psychologists (29), who supervised 14 first year, 12 second year, and 14 third year groups. Among others, the shared experiences concerned clinical cases, medical questions, training issues, and the interface between professional and personal life. The sessions' aim was "creating educational value for future practice based on past experiences shared and discussed in the group" (Veen & van Braak, 2022; van Braak et al., 2021). Furthermore, the sessions offered space for trainees to discuss professional norms, which included talking about the effect experiences could have emotionally (van Braak et al., 2021; Rydén Gramner, 2022). The 40 sessions were recorded between 2017 and 2019 with two or three fixed cameras per session. Participants gave informed consent prior to recording; afterwards, they could request

(partial) deletion of the recording. The Dutch Association of Medical Education provided ethical permission to conduct this study (NVMO, case number 829).

2.2 Analytic procedure

We analyzed the data in a conversation analytic collection study. Conversation analysis (CA) is an analytic approach that originates in sociology (Goodwin & Heritage, 1990). Closely linked to ethnomethodological approaches (ten Have, 2004), CA describes the interactional procedures that people use to do things in daily life. Through interaction, we construct the social world around us, and the conversation analyst attempts to answer what linguistic forms achieve at particular positions in interaction (Sidnell, 2013).

We conducted the analysis in several steps. After data collection, all video recordings were transcribed verbatim. Building on insights from five BA-thesis projects on 'inviting emotion talk' in these data (Dral, 2022; Houben, 2022; Mees, 2022; van Dolder, 2022; van der Horst, 2022), MvB and SS organized four data sessions (see Sidnell, 2013) to explore practices that teachers and residents used to invite talk about the emotional side of an experience. Data sessions were based on detailed transcripts following Jefferson conventions and subsequent refinements of those (Hepburn & Bolden, 2013; silences between turns are unmarked if representing a beat of silence, and otherwise represent an absolute measure of silence, see Hepburn & Bolden, p. 61). Sessions were attended by the authors, fellow conversation analysts and interested communication researchers. First, these preliminary analyses provided interactional evidence that teachers in these sessions oriented to the importance of emotion talk for reflection, and that (not) being emotionally affected can be a concern. Second, there was interactional evidence that GP teachers and residents (un)successfully pursue emotional leads in resident stories. In short, we found how teachers and residents must manage the delicacy of how to invite emotional talk. Although we noticed multiple ways to pursue emotional leads, the elicitation that builds on the word 'raken' (i.e., being affected) was a particularly salient way in our data that was used to explore displayed emotions. Therefore, MvB and SS focused exclusively on this form, and identified how different sequential positions and turn constructions contribute to the progress of exploring emotions within this educational setting. Our final collection consisted of 13 excerpts containing a form of 'being affected'. All transcripts are presented in Dutch (gray) and English. Speakers designated with an A are the residents who share their experience in that Excerpt (A1 for Excerpt 1, A2 for Excerpt 2, etc.), speakers designated with a T are teachers, other speakers (B, C, etc.) are co-residents. Each participant is designated with a unique identifier (letter, number added for tellers and teachers).

3 ANALYSIS

Participants in Learning from Experience sessions clearly orient to 'being affected' as a relevant (or even urgent) topic for discussion. Invitations in the form 'how does that affect you' elicit participants to unpack the emotional dimension, for instance explaining why something has 'affected' them. We found that, generally, 'how does that affect you' initiates a transformative sequence around the emotional dimension of an experience when there is evidence of what we have called a 'personal emotional stake' in the inferential substrate (Haugh, 2022) of talk prior to the invitation. Invitations in this form are unlikely to instigate further talk about emotions if the personal emotional stake is missing. In section 3.1, we first show how participants themselves orient to the relevance of 'being affected' as a topic for discussion. In section 3.2, we illustrate how invitations that use 'being affected' build on displayed personal emotional stakes and create a context for unpacking emotion. In section 3.3, we provide examples wherein such invitations do not build on prior displays of personal emotional stakes and do not initiate further emotion talk.

3.1 Participant orientation to 'being affected'

In this section, we present evidence that participants in the Learning from Experience sessions are interactionally concerned with being 'affected'. When someone in the session 'does being affected', or presents themselves as 'having been affected', it is often picked up and proffered as a topic for discussion. Pursuits around signs of someone 'being affected' are another piece of evidence suggesting the relevance of 'being affected' to participants in Learning from Experience sessions. Such participant orientation on the relevance of discussing 'being affected' is visible in Excerpt 1.

In Excerpt 1, resident A1 presents an experience from his residency in Africa, during which he performed a medical procedure on a patient who soon thereafter passed away. He contrasts the significance of the event with the apparent absence of an emotional response. The teacher's (T1) uptake of this contrast, using a form of 'being affected', is very immediate (line 16-18).

Excerpt 1 [M81129EB; 01:04:45] | T1 = teacher, A1 = teller, others are co-residents

01	A1	Maar ik had- ik had dan bijvoorbeeld ↑liever gehad dat (.) toen ik die jongen
		But I had- I had then rather for example have had (.) that when I
02		dood heb geprikt in eh in afri↑ka,
		injected that boy to death in eh in afri↑ca,
03		Had ik liever gehad dat ik daar dan een slapeloze ↑nacht ↓van had gehad,
		I had rather have had that I there then had a sleepless ↑night ↓from it,
04	T1	[Maar waarom?]
		[But why?]
05	B	[Maar was die] anders ↑ook doodgegaan (.) als je het niet gedaan had?
		[But would he] otherwise also have died (.) if you did not do it?
06	C	[Ja.]
		[Yes.]
07	D	[Ja] precies.
		[Yes] exactly.
08	B	[Als jij niet had ( )]
		[If you hadn't ( )]
09	A1	[Nja maar dan had ik het-]
		[Nyeah but then I had it-]
10		Hè maar wat nou- Of n- niet over dat zeg maar,
		PRT* but what now- Or n- not about that so to say,
11		Dan had ik in ↑ieder geval geweten van ↑Oh.
		Then I had at ↑least known like ↑Oh.
12	C	[Het doet iets.]
		[It does something.]
13	E	[Ja.]
		[Yes.]
14	A1	[Als het echt] stront aan- of als het echt heel veel impact heeft.=
		[If shit really] hits the- or if it really has a lot of impact.=
15		=Dan dan [↑merk ik dat] ook aan mezelf.
		=Then then [I ↑notice that] about myself.
16	T1	[Raakt het me.]
		[It affects me.]
17	A1	Ja.
		Yes.
18	T1	Jouw ↑zorg zit hem in dat het je niet raakt.
		Your ↑concern is that it doesn't affect you.
19	A1	Ja dat het- mja dat het- doet het missch- dat het misschien te ↓weinig met me
		Yes that it- myeah that it- does it perh- that it perhaps does too ↓little
20		doet.
		to me.
21	T1	[Ja.]
		[Yes.]
22	D	[Ja.]
		[Yes.]

23	C	[Ja misschien heb jij voor jezelf-]
		[Yes maybe you have for yourself-]
24	A1	[MAar het gaat niet alleen over mij,] Maar ik vroeg me [ook af] of
		[BUt this is not just about me,] But I wondered [also] whether
25	C	[Ja ja.]
		[Yes yes.]
26	A1	[anderen] dat een beetje her [↑kennen] dan eh.
		[others] ↑recognize that a [little] then eh.
27	T1	[Ja ja.]
		[Yes yes.]
28	E	[Ja.]
		[Yes.]

* PRT represents a particle of which no English equivalent exists.

After the resident's negatively formulated assessment of his reaction to an intense situation (no emotional distress, lines 1-3), the teacher immediately and in overlap formulates (Heritage & Watson, 1979; Knol & Huiskes, 2020) the teller's (A1) concern in terms of (1) being worried and (2) not being affected. This provides a slot for T1's confirmation (line 16-18). The mention of 'concern' in combination with 'being affected' draws attention to the personal emotional stake displayed here (cf. Flinkfeldt, 2020). The teller shows immediate alignment with this focus ("yes", lines 17, 19), and upgrades the formulation into not only not being affected, but *unrightfully* being unaffected: "it perhaps does too little to me". Next, he invites others with a query of recognition, redirecting attention from the topicalized personal stakes to similar experiences of others (lines 24-26). The main takeaway of the quick timing of the teacher's move towards 'being affected', as well as the immediate pick-up for further discussion, suggest that participants orient to 'being affected' as a professional norm and genuine concern (Edwards & Potter, 2017; Kristiansen & Grønkjær, 2018).

With in Excerpt 2, we provide further evidence for the orientation of participants to the relevance of discussing 'being affected'. Here, an emotional response by resident F to the story of resident A2 becomes part of a procedural negotiation about the session's proceedings. Resident A2 is telling her experience when resident F interrupts her. She has her arms folded and tears up while talking. With a self-observation that is packaged as a warning, she displays personal emotional stake: "I notice that I feel very strange just now" (not shown). F also displays signs of emotional distress through sudden crying (not shown). F then accounts for her sudden emotional reaction by suggesting she is familiar with A2's case, knowing the situation privately as an invested bystander (partly displayed, lines 1-6). One resident invites F to expand on her feeling (line 12), while the teacher (T3) proposes to postpone that exploration (lines 14-15):
In resident F's account for her interruption of resident A2's telling, she leaves the options open as to what will happen next (line 10). However, her turn closings (line 6 and 10), produced partly with shaky voice, mark the importance of her final statement. She foregrounds and intensifies the importance of her sudden and severe emotional reaction. The ambiguity about

Excerpt 2 [N81218TFB; 12:18] | T2, T3 = teachers, A2 = teller, others are co-residents

01	F	Ja ik weet niet of [het (.) jouw] verhaal is?=
		Yes I don’t know if [it (.) is your] story?=
02	T2	[hmmh hmmh]
03		[((nods))]
04	F	=Want er zijn natuurlijk ↑meer mensen met een verstandelijke beperking en met
		=Because there are of course ↑more people with a mental disability and
05		epilepsie,=
		with epilepsy,=
06		Maar ik m(h)erk wel dat ik me effe heel (.) ~e:h~ (.) rot over voel.
		But I do n(h)otice that I suddenly feel very (.) ~e:h~ (.) bad about it.
07	A2	[Jah.]
		[YEAh.]
08	T2	[hmmh hmmh hmm.]
09		[((nods))]
10	F	↓J:a ik weet niet zo goed wat ik ~ermee moet~ (.) eigenlijk.
		↓Y:es I do not know really what I ~should do with it~ (.) actually.
11		°Ja.°
		°Yes.°
12	G	[Waarom] voel je je daar rot over [dan?]
		[Why] do you feel bad about it [then?]
13	T3	[Nou ja misschien-] [↑Ja,]
		[well yes perhaps-] [↑Yes,]
14		We kunnen het nu ↑bespreken, We kunnen ook zeggen e::hm heel even parkeren en
		We could discuss it ↑now, we can also say e::hm just park it for the
15		straks d’r op ingaan,
		moment and discuss it later,

unpacking the emotional potential of what was just shared, is visible in the two different uptakes (lines 12-15): while one goes along with the unpacking project, the other acknowledges its relevance. Subsequently, two procedural options are proposed: to discuss ‘being affected’ now or later. As Muntigl and Horvath (2014) notice, affectual displays like crying mobilize response, but they do not make the absence of a receipt accountable. Crying may be designed to invite a receipt (Hepburn & Potter, 2007), but does not need to be treated in that way. Thus, the divergent responses are licensed by the production of F’s turn (line 6, 10).

Then, the participants engage in a negotiation about the session’s proceedings. Throughout the interaction, F every now and then wipes tears from her face:

Teacher 3 reformulates the procedural engagement as a moment of “consideration” for resident F (line 16), and offers F the candidate solution to leave the room (“do not want to attend”, in lines 19-21). F remains undecided in her response. Teacher 2’s reaction to that is noticeable, since it does not directly respond to the dilemma that is collaboratively constructed by teacher 3 and F (lines 16-23). Instead, teacher 2 redirects the attention to resident F ‘being affected’. In objective terminology (Potter, Hepburn, & Edwards, 2020) and referencing F in the third

Excerpt 2 continued [13:23; 40 seconds omitted]

16	T3	Dat is even een afweging die jij eeh,
		That is now a consideration that you eeh,
17		Omdat je (.) op het moment dat jij nou zeker zou weten dat je deze casus
		Because you (.) once you would know for sure that you knew this case
18		privé kende,=
		privately,=
19	F	=Jaa [pre↑cies.
		=Ye:s [e↑xactly.
20	T3	[Dan zou je misschien kunnen zeggen van eh,
		[Then you could perhaps say like eh,
21		[Dan wil ik d'r even niet bij zijn, Maar dat weet je
		[Then I do not want to attend, But you do not know that
22	F	[Nj::aa precies nou dat vind ik dus ook een beetje het dilemma zeg
		[Ny::eah exactly well that I find indeed a bit the dilemma so to
23	T3	nog niet.=]
		yet.=]
24	F	maar.=]
		say.=]
25	T3	=hm?
26	T2	Maar in elk geval r<u>aa</u>kt het haar wel,
		But either way it aff<u>e</u>cts her indeed,
27		◦Dat is duidelijk◦.
		◦That is clear◦.
28	F	Ja ja.
		Yes yes.
29	T2	Ja.
		Yes.

person, teacher 2 emphasizes the visible urgency of the dilemma (line 25). In a conclusive fashion, teacher 2 notes that F is very affected and "that is clear" for all to perceive. This teacher move explicitly refocuses the interaction towards F's personal emotional stake, highlighting the need for all participants to do something with the fact that F is visibly affected. Excerpt 2 thus illustrates that 'being affected', even if it originally was not the main focus of this Learning from Experience interaction, is topicalized by the resident herself. Furthermore, once it became observable to others, it was attended to by other participants, and started playing an important procedural role in the interaction. Eventually, resident F stayed in the room, but did not join the conversation. After the case discussion was concluded, teacher 2 returned to F and asked "how was this for you to hear?" (not shown). The fact that participants return to the topic after having postponed the matter for quite some time, shows participant orientation to the importance of attending to visible distress.

In sum, Excerpts 1 and 2 provide evidence that residents and teachers explicitly orient to 'being affected' as a professional concern that makes further unpacking relevant. When 'being

affected' becomes visible (Excerpt 1) or topicalized (Excerpt 2), it is treated by the participants as legitimizing instant unpacking, and even temporary abandonment of the primary topic. The excerpts signal that 'being affected' is an intricate part of the norms that underlie how reflection sessions are done. In the next sections, we put some flesh on the bones of this orientation on the importance of unpacking 'being affected'. We first show how explicit invitations with 'being affected' are interactionally performed in ways that successfully invite elaboration on the emotional dimension; afterwards, we show how it is less successful.

3.2 How invitations with reference to 'being affected' invite elaboration

In this section, we show that invitations to explore 'being affected' that initiate emotion talk, hinge on the degree to which the invitations build on personal stakes displayed in the inferential substrate of preceding talk (Haugh, 2022). If a resident constructs an experience in terms of personal stakes, the resident highlights emotional commitment and thus creates potential for unpacking the emotional dimensions of the experience. We saw that participants commonly portray their personal stake in one of two ways. First, participants explicitly describe their own relation to a situation in loaded, subjectively invested (Potter, Hepburn, & Edwards, 2020) terminology ("difficult", "personally feel", "afraid", "tricky"). Second, participants show further emotional investment through non-verbal displays such as sniffling and creaky voice (Hepburn & Potter, 2012).

In Excerpt 3, we show how the combination of subjectively invested terminology and emotional displays establish a personal emotional stake, which makes attention to it relevant. In preceding talk to the "the "what affects you now"-invitation that constructs the inferential substrate, resident A3 speaks about having successfully supported a patient in a palliative phase, independently of her supervisor. Nonetheless, she constructs her experience as an instance of being out of place, being "just a youngster", being inexperienced, and being an intruder (not shown). She foregrounds her subject-position in a situation that is almost too heavy to deal with (partly shown). In doing so, she emphasizes her struggles as a young person taking up responsibility as a doctor (partly shown). Teacher 4 (T4) picks up on A's existential questions (Haugh, 2022):

Excerpt 3 [N80516EA; [01:01:50] | T4, T5 = teachers, A3 = teller, others are co-residents

01	A3	Het ‘t gaat er niet om dat ik- dat ik iets voel van een patiënt dat die denkt
		It ’t is not about that I- that I feel something from a patient that
02		van wèh,
		he thinks weh,
03		E::[hh] wat een jonge ↑dok[ter.]
		E::[hh] what a young ↑doc[tor.]
04	T4	[Nee.] [Nee.]
		[No.] [No.]
05	A3	Maar dat ik zelf e:hm-=
		But that I personally e:hm-=
06	T4	=Maar daarom is die ↑vraag wel belangrijk om daar-
		=But that is why that ↑question is important to (.)
07		En hoef je nu niet uitgebreid [antwoord op te geven]
		And you do not have to answer it [extensively]
08	A3	[Nee nee nee.]
		[No no no.]
09	T4	Maar (.) daar >↑antwoord op te geven.<=
		But (.) to >formulate an ↑answer to it.<=
10		Wie ↓ben [ik?]
		Who ↓am [I?]
11	A3	[Ja.]
		[Yes.]
12	T4	Want daar kun je-=
		Because there you can-=
13	A3	=Ja.
		=Yes.
14	T4	Kijk als je ‘m zo in zijn algemeenheid stelt maakt het je heel kl:ein,
		Look if you formulate it so generally then that makes you very small,
15		Hè?
		Right?
16		Wie ben ik n:ou?
		Who am I n:ow?
17		En [daar staat ((naam begeleider))] eh ergens hè,
		And [there stands ((name supervisor))] eh somewhere right,
18		[((points upwards))]
19	A3	Ja ja.
		Yes yes.
20	T4	Maar (.) met wie ben ik- door daar een antwoord op te geven,=
		But (.) with who am I- by answering it,=
21		=Kun je [misschien jezelf ook (.) ◦in je ↑kracht zetten.◦]
		=You can [perhaps place yourself also (.) ◦in your ↑strength.◦]
22	A3	[((nods affirmatively and shows visible emotional display on face))]
23		(2.5)

24	T4	[°Wat raakt je nu?°]
		[°What affects you now?°]
25		[((points to A))]
26	A3	((sniffs and starts crying; cries 3.0 seconds))
27		~°( )°~
28		((cries 6.0 seconds))
29	A3	~.HHhhh~
30		Ja dit is heel erg waar dat (0.8) over [gaat.~]
		~Yes that is very much what it (0.8) is [about.~]
31	T4	[hmm]
32	T5	[hmm]
33	A3	[((cries 6.5 seconds))]
34	G	[((throws a pack of tissues towards A3, and A3 reaches for them))]
35	A3	~Naja waar ik heel erg mee bezig ben (.) deze tijd.~
		~Well yeah what I am thinking about a lot (.) at this time.~
36		~En (.) ja.~
		~And (.) yes.~
37		(3.5)
38	A3	~Dat- dat stukje wie ben ik- dat dat eh.~
		~That- that bit of who am I- that that eh.~
39		(1.1)
40	A3	((grabs a tissue))
41		~Ik weet best wel wie ik ↓ben.~
		~I do know who ↓am.~
42		~Maar,~
		~But,~
43		(1.1)
44	A3	~ehm.~
45		(1.2)
46	A3	((sniffs))
47		~Hoe zeg je dat?~
		~How do you say that?~
48		(5.2)
49	A3	((sniffs))
50		~.hhH <Dat het vertrouwen in ↓m:e>,~
		~.hhH <That the trust in ↓m:e>,~
51		~>Wie ik ben en wat ik kan,< (.) ehm- Dat ik dat (.) op °dit
		~>Who am I and what I can do,< (.) ehm- That I that (.) at °this
52		moment° (.) .hheel erg mi::s,~
		moment° (.) .hh greatly l::ack,~

Teacher 4 summarizes A3's struggles as a central question: "who am I", and highlights the importance of asking that question (lines 6-21). She works towards formulating a suggestion that may help A3 to find her way in the profession. Up to this point, resident A3 can be seen struggling to hold back her tears, until she starts visibly crying and audibly sniffing (line 26).

As Hepburn and Potter (2012) note, sniffing can function as a floor holder, suggesting that the speaker is about to speak but cannot, due to being upset. Indeed, the emotional display prompts teacher 4 to halt her summary, thus allowing for the display to unfold and simultaneously create context for an account of this display.

Crying in itself has been described as doing mobilizing work (Muntigl & Horvath, 2014; Muntigl, Chubak, & Angus, 2023); crying often gets empathic or sympathetic responses (Ford & Hepburn, 2021; Heritage, 2011). In this case, the crying receipt is done in the form of an invitation to account for the crying, formatted as a "what affects you now" invitation (line 24). This 'what affects you now'-formulation topicalizes the emotion, while it is also 'doing recognition' of it, as a sign of being affected (Voutilainen et al., 2010). The recognition responds to the disruption of the interaction by making it accountable, which works similarly as crying: "adult crying, and perhaps especially the disruption it causes to the progressivity of sequences, may be accountable (…)." (Hepburn & Potter, 2012, p. 207). While still displaying distress, resident A3 shows alignment with the teacher's project in her multi-unit turn on identity ("yes, that is very much what this is about", line 30), and expands on the issue in the following interaction by introducing self-confidence.

In sum, in Excerpt 3 we see how the teacher's contribution that allows the emotion display to unfold, is co-constructive towards the emotion being topicalized. The "what affects you now"-turn functions in the interactional space as a transformational move (Peräkylä, 2019). During her telling, resident A3 commented on the situation using rhetorical hypotheticals such as "who am I". The proposed self-deprecating assessments like "I am just a youngster" in prior talk (not shown), are statements that mobilize her personal emotional stake. After the teacher's invitation in line 24, the topic transforms gradually from a question about "who am I", which she dismisses by stating that she does know who she is (line 41), to a lack of self-confidence (lines 51-52).

The main takeaways from Excerpt 3 are, first, that the non-verbal emotional distress of the resident was obvious for all to see, and that it was built up from invested personal stakes prior to the "how does that affect you"-invitation. Second, that it was given interactional space to develop. Third, that it got expanded on after the teacher topicalized it in a 'being affected'-form. With Excerpt 4, we will show how distress can be less obvious, and only noted by some in a second instance. Nonetheless, even small verbal or non-verbal hints of emotional potential after personal stakes have been displayed, can be treated as a discussable or even urgent issue. Similar to Excerpt 3, the resident in Excerpt 4 uses subjectively invested terminology and shows emotional displays in her experience telling. The telling is about an elderly couple that resident A4 spoke to. The man had symptoms that would potentially fit a prostate cancer diagnosis. Over the weekend and prior to the consultation with A4, the couple was misinformed by an unknown GP colleague about the pending protocols to check if the man indeed had prostate cancer.

Resident A4 in Excerpt 4 tells the story about how she had to explain procedures and console the two misinformed patients. During the telling, A4 shifts perspectives between the patients' fear of cancer (line 1), and her own compromised position (lines 4-8), which she assessed

Excerpt 4 [U81016EA; 01:16:26] | A4 = teller, T6 = teacher, others are co-residents

01	A4	Uhm (.) en dat was voor die mensen best wel moei↓lijk,
		Uhm (.) and that was for those people quite diffi↓cult,
02		Want die waren toch bang van ja is het niet pros↑taatkanker.
		Because they were indeed afraid of yes isn't it ↑prostate cancer.
03		Dat was (.) bij hun e:h (.) de zorg.
		That was (.) their e:h (.)concern.
04		Uhm en waar ik tegenaan liep was (.) dat ik wel het idee had dat je dan-
		Uhm and what I encountered was (.) that I had the idea that you then-
05		.hh een beetje ↑klem wordt gezet door iemand waar je:-
		.hh are a bit ↑cornered by someone whom you:-
06		eh misschien >helemaal niet< de intentie had ge↑had,
		eh maybe did >not in the least< have the intention to ↑do so,
07		Maar juist door die ja (.) warrige communicatieoverdracht met een brief waar
		But just because of that yes (.) muddled communication transfer with a
08		een regel in staat.=
		letter comprising of one sentence.=
(…)		
09	A4	Ik kom niet weg door te zeggen ja dat zijn de ↑richtlijnen,
		I don't get away with saying that yes these are the ↑protocols,
10		Of dat zijn- dat is hoe we het hier doen in nederland ↓doen.
		Or that is- that is how we do it here in the nether↓lands.
11		En (.) dat vond ik ↑las↓tig.
		And (.) that I found ↑tric↓ky.
12		(1.3)
13	A4	En dat ~jah.~
		And that ~yeah.~
14		Denk je ook weer van (1.2) hoe zou je dat zelf ↑doen,
		You also think again like (1.2) how would you do ↑that yourself,
15		U::h later?
		Er:m later?
16		En;
		And;
16		(1.6)
17	A4	~Ja je~=
		~Yes you~=
18	T6	=Later als je £groot [bent?£]((lacht hardop))
		=Later when you are £grown [up?£]((laughs out loud))
19		[((several laugh out loud; A4 smiles at T6))]

20	H	Heb je ook [overwogen om hem wel e:h]
		Did you also [consider him to indeed e:h]
21	A4	[((visible emotional display on face))]
22	H	◦Gaat het £goed?£◦
		◦Are you £alright?£◦
23	A4	((starts crying and wiping her eyes))
24		~Ja naja het is vooral dat die me::nsen [dan] (.) het hele wee [kend]~
		~Yes well it is mostly that those p::eople [then] (.) the whole wee[kend]~
25	H	[Ja.] [Ja.]
		[Yes.] [Yes.]
26	A4	~met het idee hebben rondgelopen van~ (.)
		~have walked around with the idea that~ (.)
27		~Maandag ga ik naar de uroloog en (.) ↑Ik heb pros↑taatkanker.~
		~Monday I will go to the urologist and (.) ↑I have ↑prostate cancer.~
28	H	Ja ja.
		Yes yes.
29		°Je wilt zekerheid bieden.°
		°You want to offer certainty.°
30	A4	((nods))
31	I	[(En wat) raakt- ( )]
		[(And) what affects- ( )]
32	T6	[Wat wat wat raakt jou- ja precies.]=
		[What what what affects you- yes exactly.]=
33		Wat raakt] jou nu dan?
		What affects] you right now then?
34	A4	~Naja het is meer dat die (.) onzekerheid die die mensen dan hebben?~
		~Well yes it is more that this (.) insecurity that those people have?~
35		~Dat je dat dan (.) eh terugvangt van nou als we kijken naar uhm,~
		~That you that then (.) eh clear away by well if we look at uhm,~
36		Wat de richtlijnen zijn en hoe het werkt, ((veegt ogen))
		What the protocols are and how it works, ((wipes eyes))
37		doordat je dat dan ↓uitlegt, dat het al ↑z::oveel wegneemt.
		Because you then ↓explain that, that it already takes ↑s::o much away.
38		~Dan denk ik j:a, waarom is dan-~
		~Then I think y:es, why is there-~
39		(1.2)
40	A4	in zo'n weekend niet even [de °tijd° genomen.~]
41		during such a weekend not even [taken the °time°.~]
		[((crying intensifies))]
42		~Sorry hoor,
		~Excuse me,
43		Voor die mensen?~
		For those people?~
44		(1.4)
45	A4	~En dat snap ik niet.~
		~And that I do not understand.~

46	~Want het.~ ((haalt neus op en snuift))
	~Because it.~ ((inhales nose and sniffles))
47	~Ik heb gekozen voor dat huisartsenvak omdat ik dacht,
	~I have chosen for the general practitioner profession because I thought,~
48	~Ik wil-~ patiëntenzorg leveren e:n in gesprek gaan met die mensen.
	I want~ to deliver patient care a:nd talk to those people.

as "tricky" (line 11). This is a subject-centered formulation of a troublesome situation that expresses the personal load of the experience. She continues her turn by working towards the relevance of this situation for future practice: "you also think like what would you do yourself in the future" (lines 14-15). The production of this turn is increasingly tremulous and audibly unfinished when she pauses (lines 16-18). Such wobbly delivery can signal emotional or psychological distress (Hepburn, 2004). In fact, the silence, together with the creaky voice, indicates difficulty speaking and implicitly signals upset (Hepburn & Potter, 2012). While the teacher collaboratively constructs A4's idiom with "later when you've grown up" (line 19), resident H attentively notices A4 struggling to withhold displays of emotion (line 18, 22) by enquiring "are you alright?" (line 23). Formatted as a closed yes/no request for information, it acknowledges the emotion display (Voutilainen et al., 2010), but only minimally invites further elaboration on the visible upset (Hepburn & Potter, 2012). This leaves room for not unpacking it. A4, however, treats it as a request for an elaborate clarification, while also reorienting the perspective from herself to the patients (line 25). It is only when the teacher poses the explicit invitation to explore the emotional dimension ("and what affects you now then?", lines 35 and further) that the personal involvement of A4 is topicalized and is once more visibly and audibly present. How did this transformation come about?

By using "you" and "now" (line 33), the teacher anchors the observation firmly in the present, and treats the emotional display as something personal and observable (and with that, difficult to circumvent). The teacher acknowledges A4's emotional stake and provides her with an opening to discuss it. A4 now relates the patient's distress of being in limbo (line 45) to the re-establishment of her personal stake: "~I have chosen for the general practitioner profession because I thought, I want~ (.) to deliver patient care a:nd talk to those people" (lines 45-47). Her turn is produced in creaky voice and interspersed with sniffles. Thus, the teacher's "and what affects you now then" functions as a pursuit of the fellow resident's tentative topicalization of the subtly visible display of emotional distress. This teacher move transforms emotionally laden talk about the situation into explicit discussion of personal emotional stakes (Peräkylä, 2019). Before the teacher's invitation (line 32-33), A4 referred to a generalized ideal about one's future professional behavior; after the teacher's invitation, the referred object transforms into an explicit reference to A4's own professional identity and the personal choice she made in the past, expressed with lots of displays of emotion throughout.

In sum, with Excerpts 3 and 4 we have shown how residents establish personal emotional stake, often accompanied with emotional displays, and how invitations with 'how did that

affect you (now)' hook onto the emotional potential that is constructed in the preceding interactional context. First, this move creates an interactional slot for further elaboration of the stakes and emotional dimension. Second, the invitation acknowledges the observable emotional stake, and the participant who is doing the invitation treats the stakes as something important to unpack. The invitations can then incite a transformation of referents (Peräkylä, 2019) that refocuses the interaction from the impersonal and situational to the personal and emotional.

3.3 How invitations with reference to 'being affected' fail to initiate emotion talk

In this section, we discuss two examples wherein the use of "being affected" did not cause any substantive transformative sequence of personal emotional stake. In both cases, the residents to whom the invitation was posed had not explicated any personal stake through loaded subjective terminology, or shown any emotional displays prior to the invitation. The position and form of the invitation using "being affected" is almost similar to those used in Excerpt 3 and 4; the difference here is the extent to which it is made relevant from the inferential substrate in prior talk (Haugh, 2022).

Excerpt 5 shows a "being affected"-invitation by the teacher, that builds onto a resident story that does not involve an explication of a personal emotional stake in any loaded terminology. Yet, the presented story represents a heavy medical case (a teenager with cancer); its heaviness is recognized in the way other residents respond to the crux of the story. While resident A5 explains how he discovered cancer with a young patient, the other residents in the room respond strongly (lines 10-13, line 21):

Excerpt 5 [R80508EC; 29:57] | A5 = teller, T7 and T8 = teachers, others are co-residents

01	A5	Toen had ze een hele grote: afwijking in de lever zitten van tien centimeter,
		Then she had a very large: abnormality in the liver of ten centimeters,
02		(1.3)
03	A5	En u:::hm
		And u:::hm
04		(1.4)
05	A5	Diezelfde dag doorgestuurd naar de ↑kinderarts,
		That same day referred to the ↑pediatrician,
06		Kon ook dezelfde dag gezien worden,
		Could also be seen that same day,
07		(1.0)
08	A5	En toen bleek toch dat ze een eh (.) hepatocellulair carcinoom heeft,
		And then it turned out that she had an eh (.) hepatocellular carcinoma,
09		Met uh eh uitzaaiing naar de ↑longen.
		With uh eh metastasis to the ↑lungs.
10	J	[OO:H *****]
11		[((4 participants shake heads, mumble, and rock on their chairs))]
12	K	[***** zeg.]
		[***** man.]
13		Dat is wel s::uper heftig.
		That is really s::uper intense.
14	A5	Was wel uh (0.9) [heftig] (.) °jah.°
		Was indeed uh (0.9) [intense] (.) °yeah.°
15	K	[( )]
16		(1.9)((A5 nods while moving his whole body in affirmative move))
17	T7	Het raakt je volgens mij ook echt of niet?
		It affects you also really doesn't it?
18	A5	N<u>ou</u> ik vond het wel [:uh] (.) heftig [ja.]
		W<u>e</u>ll I found it well[:uh] (.) intense [yes.]
19	T7	[Ja.] [Ja] tuurlijk.
		[Yes.] [Yes] 'fcourse.
20		[((nods affirmatively))]
21	K	[°*****°]
22	A5	[Ja.]
		[Yes.]
23		(2.6) ((A5 nods repeatedly))
24	A5	Toen:uh naar ((naam stad)) doorgestuurd,
		Then:uh referred to ((name city)),
25		°Enn:eh° heeft ze nu chemo [gehad al.]
		°And:eh° she has had chemo [already.]
26	T7	[uhuhm.]
27		(2.3)
28	A5	Uh slechte °↓prog [nose°.]
		Uh bad °↓prog [nosis°.]
29	?	[.hhh]

30	?	[(tssh)]
31		(0.4)
32	A5	↓Ja.
		↓Yes.
33		(2.3)
34	T8	Hebben jullie ze nog wel ↑gezien?=
		Have you seen her ↑still?=
35	A5	=Nee eigenlijk ja het is gewoon zo snel ge↑gaan:uh.
		=No actually yes it just went so quick↑ly :uh.

Throughout the case presentation, which is in part visible in lines 01-05, resident A5 solely focuses on the case's procedural and medical dimension. Thus far, he hasn't verbally or non-verbally expressed any personal emotional involvement. His speaking manner is remarkably calm (steady rate, even intonation), serious (low intonation, soft speech), and factual (in terms of what happened, and what happened next). The story, however, does elicit several emotionally laden expressions from others (gasping, swear words and extreme case formulation about the intensity of the case, line 10-13, 21). The fellow residents' intense responses prompt a format tying of "intense" by the telling resident, but he qualifies it in a downgraded way from "su::per intense" to "quite intense" (line 14). The rhythmic gaps in this turn give a sense of slowing down. Though hard to pinpoint, the increasingly slower pace may be what the teacher picks up on when formulating her follow-up invitation, formulated as a noticing ("it affects you also really"; Muntigl & Horvath, 2014) followed by the tag question "doesn't it?" (line 17).

What happens next is very different from the trajectories following the acknowledgement of 'being affected' in Excerpt 3 and 4. Resident A5 acknowledges that it was indeed "quite intense", again referring to the situation, while explicitly neglecting the invitation to shift towards his personal state that was topicalized in "really affected you". He continues his story with an orientation to the medical and procedural dimensions of the situation (lines 24-28). The expected outcome of this situation for this patient is interpreted as closure implicative and responded to with soft response cries (Goffman, 1978). Response cries can be seen as emotive interjections (Dingemanse, 2021) that align with the ladenness of an ongoing story (Goffman, 1978); however, no unpacking of any of that emotiveness follows. The first to continue the conversation is teacher 8, who aligns with A5's procedural focus to elicit further detail on the case specifics: "have you seen her still?" (line 34).

Although it is difficult to definitively conclude that due to the lack of personal stake, the invitation to elaborate on 'being affected' did not instigate an exploration of the emotional dimensions, it is markedly missing in Excerpt 5 when compared to Excerpts 3 and 4. Part of this lack of elaboration may also be due to the specific format of the invitation, which is odd in relation to the way the story is told. In telling the story, resident A5 shows no evidence of being affected; however, the teacher refers to him being moved in present tense, suggesting direct evidence in the moment (cf. emotional immediacy questions, Muntigl, Chubak & Angus,

2023), and using the qualifier "really" to intensify the degree to which the resident was supposedly affected. It is hard to perceive as analysts what elements in the story or the way it was told justify the teacher's observation. Possibly, the teacher orients to "socially shared expectations regarding emotional experiences and expressions" (Weatherall & Robles, 2021, p. 8; Edwards, 1999). The teacher may act upon the social expectations about the emotional status of someone involved in discovering cancer in a teen, and upon the other participants' response cries (Goffman, 1978), instead of the emotional stance displayed by the resident (Stevanovic and Peräkylä; 2014). As Stevanovic and Peräkylä note, interactants can use sociocultural resources when interpreting the actions of others, and sometimes these result in a mismatch with the actual emotional stance. Alternatively, the teacher interprets "the objective, distant coolness" of the teller resident as representing his emotional stance; indeed, some could argue that such coolness may signal emotional stance (Stevanovic & Peräkylä, 2014; cf. Goffman, 1981; Bakhtin, 1986; Jaffe, 2009; Wilce, 2009). Nonetheless, the link between personal stakes and the role of topicalizing 'being affected' in projecting a sequence that initiates stepwise entry into exploration of emotional stance (cf. Muntigl & Horvath, 2014) seems deflated here.

Excerpt 6 shows another instance of a teacher reference to 'being affected', but it seems unrelated to the presented story and yields little (emotional) alignment. Thus far, resident A6 has shared an experience about a young mentally disabled girl who has been abused by her brother. A6 has not shown any explicit personal stake in loaded terminology or shown any emotional displays, and no unpacking of any emotional dimension ensued. The discussion of this experience is in its concluding phase. As is common in these sessions (Veen & de la Croix, 2017), the teachers formulate a 'wrap up' in the form of an evaluation question (lines 8-9). Similar to Excerpt 5, the 'being affected'-invitation that constitutes this 'wrap up' does not instigate any unpacking of emotional stance. Furthermore, once the teacher suggests if the situation has affected resident A6, she explicitly shelves it (lines 10-12).

After teacher 9 concludes with the learning uptake (to check some details with Veilig Thuis; line 3), teacher 10 moves into closing with a wrap-up question: "what what what what what has moved you the most or eh (.) taught you the uh most (.) or something in this case?" (lines 8-9). First, what is striking are the many restarts ("what"), the repair ("or uhm"), and the "or something", which all convey hesitations about the direction of the question. Second, this is a double-barreled question, which constructs a preferred reply to the second part about the learning uptake. Accordingly, resident A6 briefly addresses the first part (lines 10-12), while elaborating on the second (lines 14 and further). In succinctly addressing the inquiry about being affected, A6 disregards the description 'being affected' as too heavy a characterization ("really moved?" "did not really move me"). Instead, she comments that she found all of it "a bit odd" because she wasn't really affected, although the case was quite awful (lines 10-11). This negative topicalization is similar to Excerpt 1: not being affected might also be an issue for residents. Resident A6 then closes the emotional topic by saying she doesn't "know why that is"

(line 14), and replaces the issue of 'being affected' with a skills-related topic that was addressed earlier in the interaction (lines 16 and further).

Excerpt 6 [M80814DC; 39:00] | A6 = teller, T9 and T10 = teachers

01	T9	Ik denk dat eh dat inderdaad vaak jah (.) da- da- je het beste elke keer
		I think that eh that indeed often yeah (.) tha- tha- you better ask each
02		navraagt,
		time,
03		Bij veilig uh (.) bij veilig thuis*.
		At veilig uh (.) at veilig thuis*.
04	T10	Ja.
		Yes.
05	A6	Ja.
		Yes.
06	T9	Ja.
		Yes.
07		(1.6)
08	T10	Wat wat wat wat wat heeft jou het meest geraakt of eh het meest uh-
		what what what what what has affected you the most or eh taught you the uh-
09		geleerd (.) of zo in deze casus?
		most (.) or something in this case?
10	A6	Ja want dat vond ik dan een beetje gek echt raken?
		Yes because that I found it a bit odd- really affected?
11		Ik vond het allemaal wel heel erg uhm (.) £erg£ hehheh,
		I found it all indeed very uhm (.) £awful£ heheh,
12		Maar het heeft me niet echt [ge↓raakt.]
		But it did not really af↓fect [me.]
13	T10	[uhum ((conforming))]
14	A6	Dus naja ik weet niet waardoor dat komt (.) (dat kan denk ik) soms.
		So well yeah I do not know why that is (.) (that is possible) sometimes.
15		U:hm.
16		Het moeilijkste vond ik met dat ↑meis↓je in contact komen.
		The hardest I found it to come into contact with that ↑girl.
17	T10	Ja.
		Yes.
18	A6	Dat ze dat je echt,
		That she that you really,
19		Normaal moet je al je taalgebruik aanpassen voor gewoon wat minder,
		Normally you must already adapt your language for just a little less,
20		Maar dit was echt een verlaagd iq.
		But this was really a lowered iq.

*Veilig Thuis is a Dutch health institution concerned with unsafe home situations.

In Excerpt 6, the main takeaway is that the double-barreled question could have allowed for the resident to expand on just the second part of it. However, the resident did not just leave

the suggestion of 'being affected', instead she explicitly shelved it. There was no explication of any personal emotional stake throughout the case discussion; furthermore, when its presence was suggested, A6 disregarded it as an unjust description of her involvement in the case. The invitation thus remains mostly unsuccessful to elicit any extensive elaboration on why something did (not) affect resident A6. Consequently, there is also no real transformational sequence (Peräkylä, 2019) present regarding A6's personal emotional stake. This is indicative of the importance of 'being affected' to be made relevant for unpacking.

In sum, Excerpt 5 and 6 show how cases that might be considered culturally heavy (and could be potentially emotional), such as the discovery that a young child has cancer or the abuse of a young child by her brother, might not yield substantive explorations of the emotional dimension. It seems that the unsuccessful nature of 'being affected'-invitations to instigate emotion talk is linked to the lack of an explicated personal emotional stake in loaded terminology, or clearly observable emotional displays during the preceding story telling (Haugh, 2022). There seems to be a mismatch between the probes for emotion and the (lacking) displays of emotional potential that precede those probes.

4 DISCUSSION

In this study, we set out to investigate how participants in educational reflection sessions address emotions by focusing on their use of variations on the form 'what affects you (now)?'. Based on a conversation analytic collection study, we conclude that, first, participants orient to the relevance of 'being affected' as a topic for discussion. This orientation was visible in participants topicalizing a lack of being affected (Excerpt 1 and 6), participants readily attending to observable signs of distress (Excerpt 2, 3, 4), even if distress was not the primary focus of the reflection session at that point (Excerpt 2). Second, we conclude that variations of the form 'what affects you (now)?' may contribute to putting emotions on the table. They project a stepwise exploration of the emotional dimension of an experience (cf. Muntigl & Horvath, 2014). Third, whether the topic is indeed unpacked, seems largely dependent on the extent to which the invitation 'what affects you (now)?' is aligned with the emotional potential in the inferential substrate (Haugh, 2022) of talk prior to the 'what affects you'-intivation (Excerpts 1-4 versus 5 and 6).

Participants' orientation to 'being affected' as relevant for unpacking the emotional potential in interaction may seem counterintuitive, if we compare it to responses to emotional distress in other contexts such as everyday interactions. Responses other than empathic ones may be treated as marked (cf. Heritage, 2011). In some institutional interactions, empathic responses could even work against the institutional task at hand. In emergency calls, for example, there is a tension between affiliation and institutional purposes. Here, call takers have been found to address emotion displays mainly in ways that are not affiliative but in function of getting

at crucial information (e.g. Kevoe Feldman, 2021). In the child protection helpline context, a similar tension between affiliation and institutional goals is at play. However, Hepburn and Potter (2010) found more affiliative moves: in child protection helpline interactions, common crying receipts are 'take your times' and empathic responses. Hepburn and Potter argue that rather than treating displays of distress as disruptions to the progressivity of the talk, 'take your times' and empathic response manage the progressivity of the interaction by allowing its disruption. We see similar openings for emotional disruption to evolve in our data (cf. Excerpt 3, 4). Conversely, the directness in timing and form of 'what affects you?' in our data, suggests a norm of addressing the observable distress by topicalizing it over affiliating with it.

In a previous study, we found that residents across reflection sessions describe the norm to topicalize emotions as a teacher tendency to 'dive onto anything emotional' (van Braak et al., 2021), which they evaluate negatively for its confrontational nature. Confrontations can be regarded as dysfunctional in light of creating a safe space for sharing personal issues (van Braak et al., 2021). In the current study, we see what resistance against such confrontations may look like interactionally. When the 'what affects you?'-invitation does not build on emotional potential in the form of represented personal stakes and/or displays of emotion (Excerpt 5 and 6) that is sufficiently salient in the inferential substrate of prior sequences (Haugh, 2022), residents tend to not go along with the emotion project. We do not, however, see evidence of obvious resistance to the invitation when it does hook onto prior emotional potential. During earlier phases of this research, we did notice that when probes for emotions were combined with another non-emotional request, residents often responded to the non-emotion related invitation to elaborate. They seize the opportunity to work around the emotion-related topic (see also Excerpt 6). All of this suggests that invitations to engage in emotion talk are potentially face-threatening acts that may be problematic to the progressivity of the institutional task at hand (for a discussion of opposition in relation to institutional goals in therapy setting, see Muntigl, Horvat, Chubak, & Angus, 2020). Our observations also relate to work by Edwards on emotion (1999). In our data, displays of emotion and picking up on them discursively, harbor some of Edwards' rhetorical emotion contrasts. For instance, probing after emotional displays with 'how does that affect you now', seem to echo the popular opinion that emotions can (involuntarily) 'leak' past a controlled outer appearance.

Despite their potentially problematic nature, 'what affects you?'-invitations are crucial from an institutional perspective. In an educational context wherein exploring the meaning of experiences in people's lives is the main interactional purpose, the mobilizing power of 'what affects you?'-invitations, is valuable in topicalizing the emotional dimension of experience. 'What affects you?'-forms have several features that strongly mobilize response (cf. Stivers & Rossano, 2010): they do a request in combination of a noticing (namely someone being affected), they are often done in interrogative format, and with direct eye contact between the resident and teacher. Nevertheless, we see that such invitations are not powerful enough to indeed elicit emotion talk at any point when it is seemingly unrelated to prior talk. The

difficulty seems to be in the actual relation between the ongoing and proposed topic. In a sense, our 'what affects you?' examples illustrate what Koskinen, Stevanovic, and Peräkylä (2021) call "inherent ambiguity as to the topicality of story-responsive questions" (p. 54). Generally, we know that questions are often used to refocus the topic of ongoing talk (Koskinen, Stevanovic, & Peräkylä, 2021; Maynard, 1980). Questions that address an ancillary issue (Jefferson, 1984), may in hindsight introduce a step-wise topic shift, but only if it is picked up and evolved as such in the next turns. If the topic is not developed further, it may be interpreted as a disaffiliative move (Heritage, 2011), which probably explains why residents evaluate seemingly unrelated poking into emotions negatively in terms of relational and procedural effects (cf. van Braak et al., 2021). This study therefore highlights the importance of the institutional setting for the way participants deal with emotion talk. Although Rydén Gramner and Wiggins' 2020 study does show that, in one particular medical training setting, emotion talk is given space once it is 'on', earlier CA research does not shed light on the interactional dilemma that may be so particular to the institutional setting of education, and specifically medical education. Certainly, further interactional work on emotion talk in educational settings like those is needed to get a hold on its specific workings for medical educational ends.

Our findings have two important practical implications. First, 'what affects you?'-forms may be a powerful tool for eliciting emotion talk when the participant recognizably displays emotion or personal stakes in their telling. Second, 'what affects you?' seems ineffective for eliciting emotion talk when the topic shift towards emotions is not grounded in presented personal stakes or displayed emotion. In short, this teacher move is not a silver bullet that guarantees residents will explore any emotional dimension. We assume that similar teacher moves (like 'how did that make you feel?') will also not work if there is no prior establishment of personal stakes in stories about experiences. Even stories that refer to culturally heavy experiences, but lacking in established personal stakes or emotional displays, seem unlikely to elicit emotion talk after 'what affects you?'-invitations in our data. Such invitations seem to be treated as unwarranted or misaligned, even when it is constructed in alignment with what came prior, in the form of tag questions and as something heard (Hepburn and Potter, 2007). This raises the question whether 'what affects you?'-forms that poke for emotion instead of building on it should be avoided. This is an educational question that goes beyond our conversation analytic findings, and needs an answer from a teacher professionalization perspective. Participants' subtle resistance against such poking, however, in combination with the suggestion that participants in interaction "are continually enacting context, making its relevance available in and through their contributions to the interaction" (Heritage & Clayman, 2010, p. 22), suggest that putting emotions on the table no matter what, is beyond the realm of the currently investigated institutional context.

Theoretically, this work adds insights into emotion work around a specific form of inviting emotion talk ('what affects you?') that has not yet been addressed in earlier work thus far (cf. Muntigl et al., 2014). It shows how its mobilizing power can serve institutional purposes by

doing topical work in relation to educational aims, while it also shows how its power can be deflated when prior talk does not project the relevance of unpacking the emotional dimension of an experience. The work transfers knowledge about conversational practices across institutional domains, thus contributing to our understanding of their uses in context. Despite these contributions, the analytic import of our observations has limitations. We do not have direct empirical evidence for a causal link between the fact that emotion talk does not come about and the lack of a link with prior emotional potential in the invitation. Future research exploring this link in depth, for example by focusing on other forms of invitations that do not seem to instigate emotion talk in this setting, may be a fruitful venue for expanding our understanding of the interactional workings of this one key educational 'tool' in reflection sessions: invitations to explore the emotional side of past experiences.

5 Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

6 Author Contributions

MB collected the data and contributed to the conception of the study. MB, ED, LD, ZH, DH, and EM conducted an initial analysis of the data. MB and SS did the primary analysis for this study; ED, LD, ZH, DH, and EM were involved in analysis in data sessions. MB and SS co-wrote a first draft of the manuscript. All authors contributed to manuscript revision and approved the submitted version.

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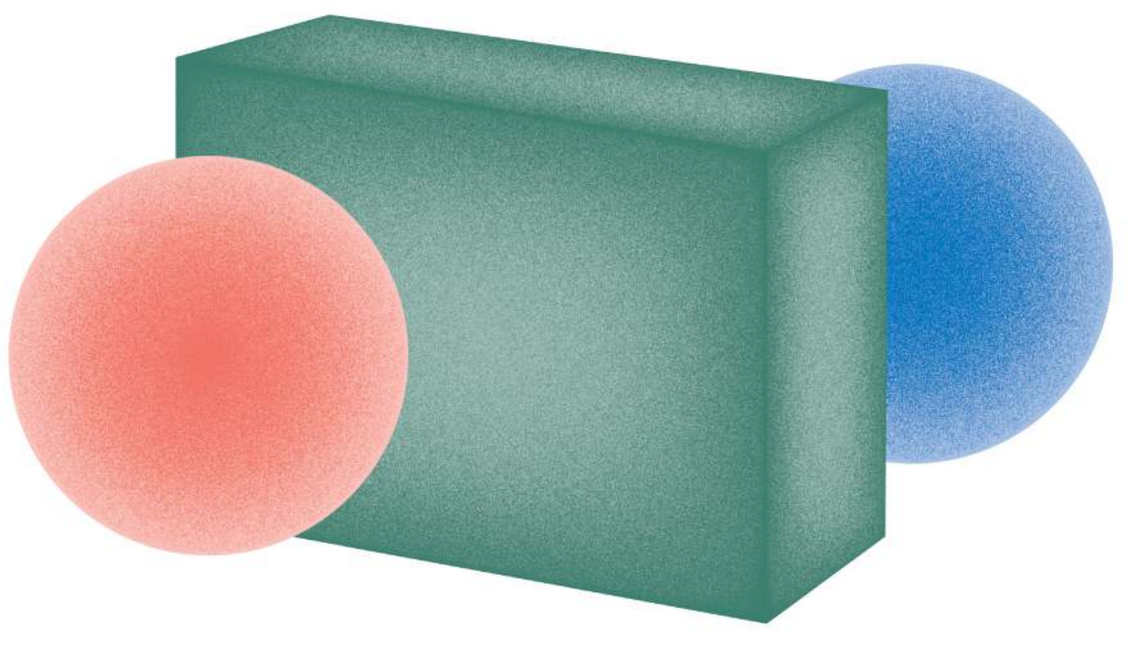
10 SUPPLEMENTARY MATERIAL

Full Dutch and English transcripts of the data excerpts in this article are presented in the Supplemental Material.

11 DATA AVAILABILITY STATEMENT

The datasets presented in this article are not readily available because of the sensitivity of the data and restrictive informed consent of participants. Requests to access the datasets should be directed to the corresponding author.



Chapter 7

Yielding and withstanding – Using Discursive Psychology to describe challenges of perspectives in GP registrar group reflection sessions and registrar-supervisor meetings

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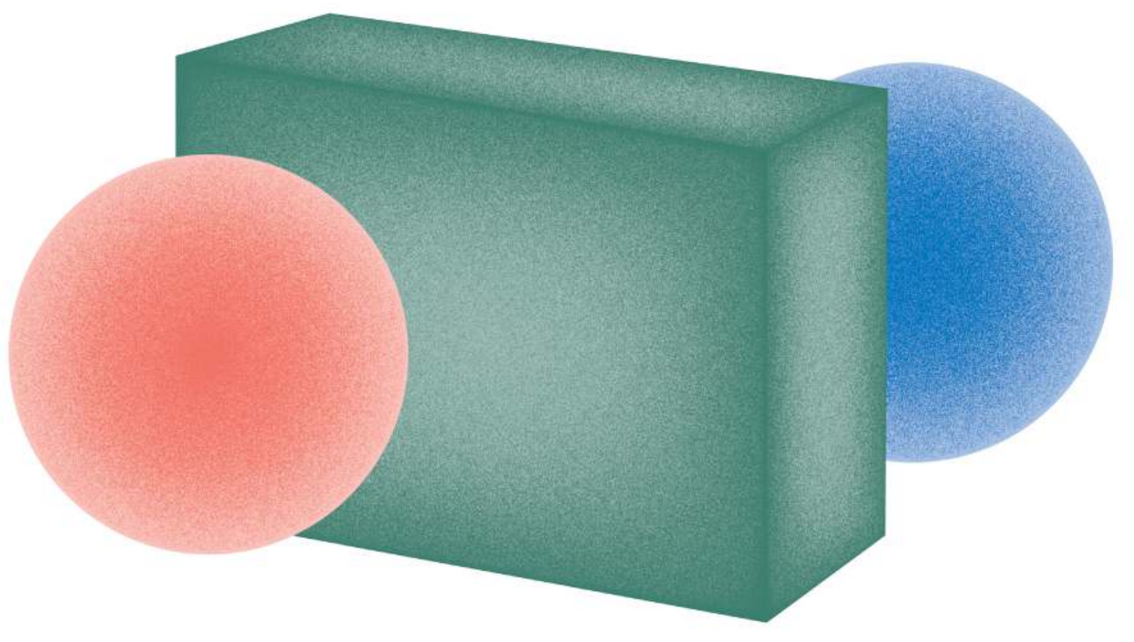


Chapter 8

GENERAL DISCUSSION

GENERAL DISCUSSION

In this discussion, I will present the lessons I learned about researching and teaching reflection. I will relate them to the health professions education field, and I will offer suggestions for faculty and researchers who engage with reflection. First, I will discuss the studies in this thesis from the perspective of how we can approach reflection as researchers and educators, by mapping and acknowledging some of the limitations of reflection. Second, I will discuss the studies from the perspective of a culture of reflection. Finally, I will discuss how our research team translated research results into workshops and a reflection handbook to support a meaningful culture of reflection in education and practice.

Approaching reflection as researchers and educators

With the first three studies in this thesis, I philosophically explored three conceptual limitations of reflection. Building on those insights, I will discuss in this section how we as researchers and educators (can) approach reflection.

The first limitation of reflection is that its meaning is complex and varied. This observation has been made by many in the field,[1,2] but the consequence of this observation has not always been fully acknowledged; that due to its complexity, reflection perhaps restrains what researchers and educators can do with it.[3] In dealing with reflection's complexity, many researchers try to tame the complexity by formulating a conclusive definition of reflection. This approach to reflection should support educators and supervisors in pinpointing when students (properly) reflect, and helps identify outcomes that can be precisely assessed in education.[4,5] In **chapter 2**, I explained that the latter goals stem from a *technical* way of approaching reflection. This implies that once researchers find a conclusive definition of reflection, they can map its features exactly, and empirically validate if and how reflection is effective, regardless of context.[2,6,7] Conversely, I have also found that researchers approach the complexities of reflection from a *dynamic perspective*. Then, the meaning of reflection is understood to be variable, and its meaning depends on particular values, practices and educational purposes that exist in a specific educational context.[8] Reflection is conceptually speaking a *thick concept*.[9] Thus, for researchers who adopt a dynamic approach, reflection cannot be definitively reduced to a one-size-fits all construct.[10] In **chapter 2**, I argue that the technical approach can yield general value for theorizing about reflection; however, there is also a catch. The strong focus on technical validation could lead us down a path towards devising generalized models and abstractions that cease to have concrete meaning in practice.[11] For instance, if a supposedly key and universal element of reflection is 'looking back and questioning a past event or experience',[2,12] I am inclined to ask: what does 'doing looking back' look like in practice? I propose that there is less value in validating generalized steps of 'looking back'; instead, the value of reflection resides *in situ*. How can one look back, why does one look back, with whom does one look back, and in what circumstances[13] can one look back?

The second limitation is related to the relative ease with which reflection can be tied to many 'good' or beneficial aims. Generally, it is established that learning and growth cannot be good in themselves,[14] since criminals also learn and grow to become better criminals, but their profession is an undesired one. I advise that researchers and educators should realize that reflection is similarly void; criminals also reflect to become better criminals. This understanding of reflection has knock-on effects for how we should study reflection and its educational aims. Therefore, in **chapter 3**, I have explored how researchers in health professions education discuss and conceptually frame the benefits of reflection. It turns out that researchers find countless indications of possible benefits of reflection, despite that quite some empirical evidence is not definitive.[7,15] Considering all those supposed benefits, I argue that reflection is slowly gaining the status of a panacea in health professions education and research.[16] It becomes an instrument that can supposedly cure almost all educational ailments. I explained in **chapter 3** that this outcome is not surprising, while it should also warn researchers and educators about this limitation. By drawing from key philosophers in the continental tradition, I have explained how conceptualizations of reflection describe deeply innate human qualities. Consequently, the conceptual nature of reflection easily allows ties with many different benefits. While researchers ascribe those many benefits directly to reflection, I question how sustainable such an approach is. As others have pointed out, learners and educators might suffer from disappointment and false hopes about doing reflection. Educators and learners "may eventually perceive it as failing short of its goals because it is difficult to 'prove' refection 'works'."[3(p.468)] Therefore, I argue that the 'good' in reflection does not come from reflection as such; it stems from the surrounding language and practices within a reflection culture that propagate certain values and norms that make reflection good.

The third limitation is that reflection is not solely a linear process. Reflection is often acknowledged as something complex. However, its application in practice frequently happens linearly, which undermines its complexity. This inclination is common in education theory, for example in the work of David Kolb.[17] Therein, good reflection becomes instrumentalized as a means to reach predefined end-goals of becoming a better human being who can harness a certain richness, flexibility and creativity that (unreflective) "low-ego-development people" lack.[17(p.325)] Failed or shallow reflection will stray learners from ever reaching such goals. With Walter Benjamin's work in **chapter 4**, I opened an alternative avenue for approaching reflection to counter the linear understanding that proper reflection leads unequivocally to certain educational benefits. In short, a linear understanding of reflection stems from a one-sided *Chronistic* interpretation of reflection. The Greek notion of *Chronos* helps us understand time in a linear fashion. Time becomes countable in units, for instance in years down to milliseconds. This implies advancement in time from one phase to the next. Thus, when we 'do reflection' at point A in time, it becomes easy to think that we will reap its benefits at a subsequent point B. We could even devise rules that are stable throughout time, to help predict what those outcomes will be. In short, a *Chronistic* interpretation of reflection allows us to interpret actions that

move linearly, advancing towards end-goals that we can forecast. Conversely, I mobilized the concept of *Kairos* to question this interpretation. *Kairos* is a complex concept,[18] but it generally designates those moments in time when we face a unique situation that requires action "that cannot be a matter of law alone but require[s] wisdom and critical judgment."[19(p.56)] These are potentially disruptive moments that do not progress our personal development towards some predefined ideal; rather, previous truths become (re)constructed "in the right constellation of words and things, as a montage of ideas."[20(p.63)] Thus, reflection might not help us pursue ideals as mechanically and law abidingly as we might assume. From the perspective of personal growth, I argue that reflection does not make us better human beings in some future; reflection makes us different human beings who can (re)constitute their own practices, values and norms in relation to others in the present.

Thus far, I have critiqued the desire to scientifically pinpoint the many benefits of reflection, based on a universal definition to validate its outcomes in linear fashion, for the sake of reproducing those benefits in education. In corroboration with others,[3,11,21] I added more conceptual detail to three limitations of reflection. First, reflection is a complex concept that gains specific meaning and value in practice. With each step away from concrete practices towards greater abstraction of reflection that 'functions everywhere, at any time and any place,' we tend to lose value.[22] Second, reflection can be an innately human capacity that easily allows ties to many different benefits, but this malleable quality also creates the danger of reflection becoming a panacea. Third, reflection is not solely a linear, but also a *Kairotic* process that challenges overly linear interpretations of reflection. Consequently, these three limitations motivated me to seek alternative ways of researching (and supporting) reflection in health professions education that acknowledge the limitations. In brief, the philosophical studies led me to approach reflection as part of a *reflection culture in situ*, which I will explain in the second part of this discussion.

A culture of reflection in situ

In the previous section, I showed how my philosophical considerations helped me map what limitations reflection poses on researching and teaching reflection. This urged me to find an alternative approach that takes the limitations into account. **Chapters 4-6** exemplify ways of pursuing that alternative approach, by studying reflection as social interactions that occur in a concrete culture of reflection, which I will return to in this section.

A key consideration for looking at a culture[23] of reflection is realizing that its norms, values and beliefs inform the meaning of reflection. This ranges from how reflection education is organized (for instance, systemically making time for a range of reflection activities in a curriculum), to reflection activities that learners engage in such as writing reflections in a portfolio,[24] or what social interaction practices occur in various reflection settings.[25-27] In sum, what reflection is for GP registrars, educators and supervisors, is expressed through the specific education practices[11,14,28] and language[29] they use. Consequently, of importance in this thesis is that all empirical studies (**chapters 5-7**) take the participant perspective[30] of GP registrars,

educators and supervisors as the starting point for mapping features of the reflection culture within the Dutch GP specialty training.

Chapter 4 exemplifies the participant perspective of the GP registrar. I asked how GP registrars themselves construct reflection in the context of their education, to gain more insights into the broader norms, values and practices that exist within this culture of reflection. Furthermore, this participant perspective is significant because it reveals how GP registrars construct reflection's (possible) value. As I explained in **chapter 4**, although GP registrars find general value in reflection activities, their experiences are more diverse when they speak about concrete practices. For instance, while some appreciate writing structured reflection reports, others appreciate having conversations with a supervisor about doing consultations together. Although this general divide corroborates other research findings,[31-35] my study also showed that 'how' doing joint consultations influences the value of reflection. Thus, I cannot simply conclude that doing joint consultations is a valuable thing, but the value depends on how that activity is done *in situ*. For example, in **chapter 4**, one GP dismissed doing joint consultations because the supervisor approached the reflective moment with her in an invaluable way, while two other GP registrars describe how the social interactions with their supervisors fashioned a certain freedom, playfulness and co-operation that created reflective value in doing joint consultation. The lesson from this study is that GP registrars are sensitive to how social interactions shape (un)cohesive, (un)integrated and (in)valuable reflection, regardless of their general view that doing reflection is positive.

A key question that rises from **chapter 4**, is how health professions educators should translate the insight that valuable reflection education may vary for registrars. One could suggest teaching everyone the proper way of doing reflection,[2] but this is problematic for the reasons I stated in my introduction and **chapters 2-4**. Conversely, I suggest creating educational space for learner preferences in any health professions curriculum.[36] First, a health professions education institute should expose learners to a variety of ways of doing reflection and create a basic reflection literacy.[37] The goal is creating awareness of what professional reflection can entail from an individual learner perspective, why it is done, what repertoire is available, and what values it institutionally represents. Here, it is important to keep Dewey's[13] warning in mind. Primarily, it is the educator who should create circumstances that evoke thinking and reflection in education. Models are mostly aides to the educators, not the learners. Second, the didactic emphasis should provide space for learners' explorations of what concrete and (in)valuable reflection is for themselves. Additionally, it should be clear that these needs may vary among learners (throughout their training), which should compel learners to enrich their reflection practice repertoire, and to speak up when it does not work for them.

While it is helpful to gain insight from participants directly (**chapter 4**) about how they construct reflection, it is paramount to explore social interactions of educators, supervisors and GP registrars that occur during 'doing reflection' in practice. As I have explained in the introduction and **chapter 2**: it is in and through language that reflection gains concrete shape,

meaning and value. **Chapters 5 and 6** are two studies that exemplify this understanding. In **chapter 5** I focussed on emotions, and in **chapter 6** I looked at challenging perspectives in situations when resistance and arguing occurred. Through the lens of emotions and challenges, these studies offer insight into the varied repertoire of how participants in the Dutch GP specialty training shape a culture of reflection.

From previous research[38] we know that participants in *Learning from Experience* sessions orient towards the importance of discussing emotions in their institutional talk.[39,40] In particular, one salient practice is asking 'what affects you', which can be a powerful tool to elicit emotion talk. However, this is not simply a question that always functions in every situation. My analysis in **chapter 5** shows that this move is ineffective when neither personal stake nor displays of emotion have occurred prior to posing that question. Generally, this finding supports the idea that reflection gains meaning *in situ*.[11] For instance, models and theory on reflection[41,42] may highlight that delving into emotions creates additional depth to any reflection; nonetheless, it cannot be forced and it is a delicate operation to execute successfully.[5,43] From a worm's-eye view, delving into the emotional dimension requires tact and attentiveness to subtle interaction processes. Accordingly, learners, supervisors and educators should not focus on 'ticking-the-emotion-box' to make it a part of a reflection activity. Instead, they should become attentive about when the emotional dimension requires (inter)action, and what element from the repertoire they can(not) use.

The lesson that reflection becomes concrete and valuable in practice is also illustrated by **chapter 6**, through the lens of challenging someone's perspective during moments of resistance in arguing sequences. My analysis suggests that challenging perspectives is a complex interactional activity that requires setting the stage.[44,45] Namely, there is a tension between maintaining 'social solidarity and agreement', and the educational value of resistance and 'challenging perspectives.'[46] There are various ways how educators, supervisors and GP registrars deal with this tension in group reflection sessions and supervisor meetings. First, they often go through a transfer and move themselves into arguing sequences wherein challenges occur (which happens in subtle ways). Second, at some point they must also move away from arguing (and the repertoire consists of either 'abandoning the argument', 'taking a side in the argument', or 'orienting to the argument itself'). In general, while educationalists recognize the value of challenges and resisting perspectives at a theoretical level,[47] **chapter 6** once more shows that this procedure requires circumspection and attentiveness to social interactional processes. One cannot simply move into arguing simply because 'resistance is a valuable thing' in reflection education, and that there is a varied repertoire of responding to challenges to make them valuable.

Concluding, **chapters 4-6** illustrate two generalizable points regarding the culture of reflection in the Dutch GP specialty training. First, emotions and resistance are but some possible dimensions of a culture of reflection, of which I have only mapped a few practices. DP and CA research suggest there are many more ways of tabling emotions,[39] resistance,[48] and arguing.[49] Thus, we must appreciate that any description captures only a tiny portion of existing educa-

tional practices and interaction repertoire. This indicates that practice is infinitely richer and more surprising than any model or theory would be able to depict.[50] Second, the descriptions in the empirical chapters should not be understood as normative indications that can simply be generalized to indicate what educators should be doing at all times and in every context to stimulate successful reflection; rather, these descriptions should be understood as indications of what they "can do."[51,52(p.115)] This awareness nurtures interactive attentiveness[53] about how social interactions can shape cultures of reflection, and that educators can make (normative) choices therein. Therefore, in my role as researcher, it is not I who values their existing social practices in a culture of reflection. I aim to provide the richest material possible[52] for the educators, supervisors and registrars to make informed educational choices about how they wish to making reflection valuable and concrete, what they currently lack, and what values and norms they desire to nourish.

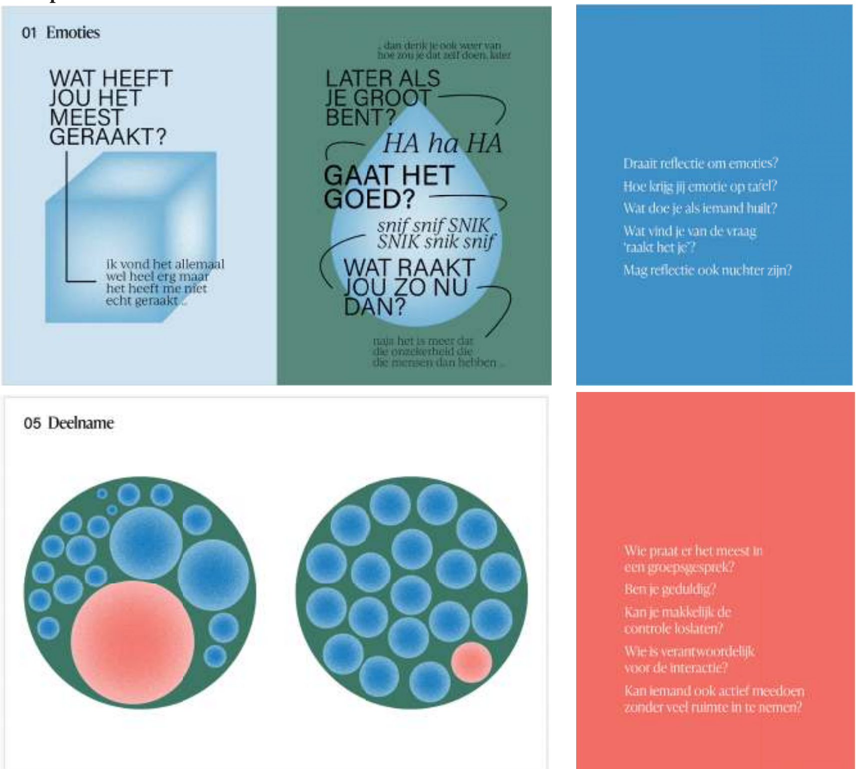
Teaching reflection and communicating a positive culture of reflection

The six studies in this thesis point to the following educational challenge: how can one teach reflection when one does not want to give educators, supervisors and learners a definitive answer that tells them exactly which steps yield effective reflection? My approach is understanding reflection from the perspective of language and educational practices that shape a particular reflection culture. Consequently, I suggest teaching reflection to educators, supervisors and learners by making them aware of a repertoire of practices that shape reflection. To explain this didactic move, I briefly return to our example from the introduction: using a green-orange-red priority system that helps order which cases should be discussed first in *Learning from Experience* sessions. If educators and registrars find that this practice tilts discussions towards problematic cases too heavily, they might want to use an alternative system to mitigate the effect that positive cases drift out of sight. This implies that shaping a reflective culture is not only about using existing scientific evidence and theory in education, but it is more about making informed normative choices in practice *in situ*.[14] In other words, what type of reflection culture would educators, supervisors and learners want to nourish, and how do the social interactions and exercises support or prevent reaching that goal? Therefore, I propose that valuable reflection education is tied to normative socialization processes.[14] GP registrars, supervisors and educators learn to reflect through the practices that shape their GP community.[14] This means, on the one hand, adopting and propagating established reflection practices, while it also implies taking a stand and finding one's own voice, for or against existing practices.[54]

To stimulate attentiveness about how educators, supervisors and learners 'do reflection' and support the socialization process, our research team has conducted workshops[55] and developed a practice book titled *Een boek zonder antwoorden. Over reflectiegesprekken* (2023). Our workshops and book have two objectives. First, we make people aware that varied practices exist, that they already make use of some, and that their effects (of interaction) shape reflection education. Second, we aim to broaden their repertoire, and teach them how to become

attentive to their own practices. In doing so, we use the observations from our research and real-life examples as a mirror for those in the education community. We therefore do not say what successful reflection entails, but create a safe educational environment wherein educators, supervisors and learners are confronted with their own practices and presuppositions. We do not dismiss their views, but push them to explore their own repertoire, what the consequences of (not using) elements of the repertoire are, and what values they project with their (social interaction) practices. In short, our workshops and book function as conversation starters, not as conversation finishers. To further stimulate the opening of conversations, we have adopted the use of artistic means that 'make strange' and 'create surprise'[56] in order to point at[54] important dimensions of a culture of reflection (see examples* below). This approach does not definitively solve the challenge of teaching the complexities of reflection, but it is an attentive movement towards embracing them.

Examples*



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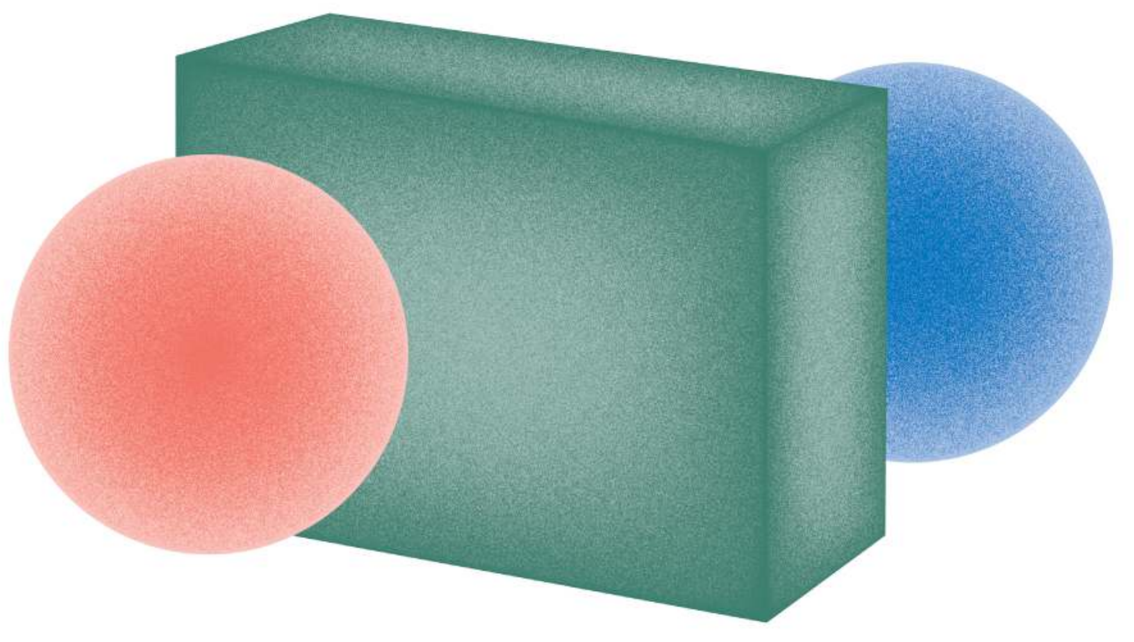
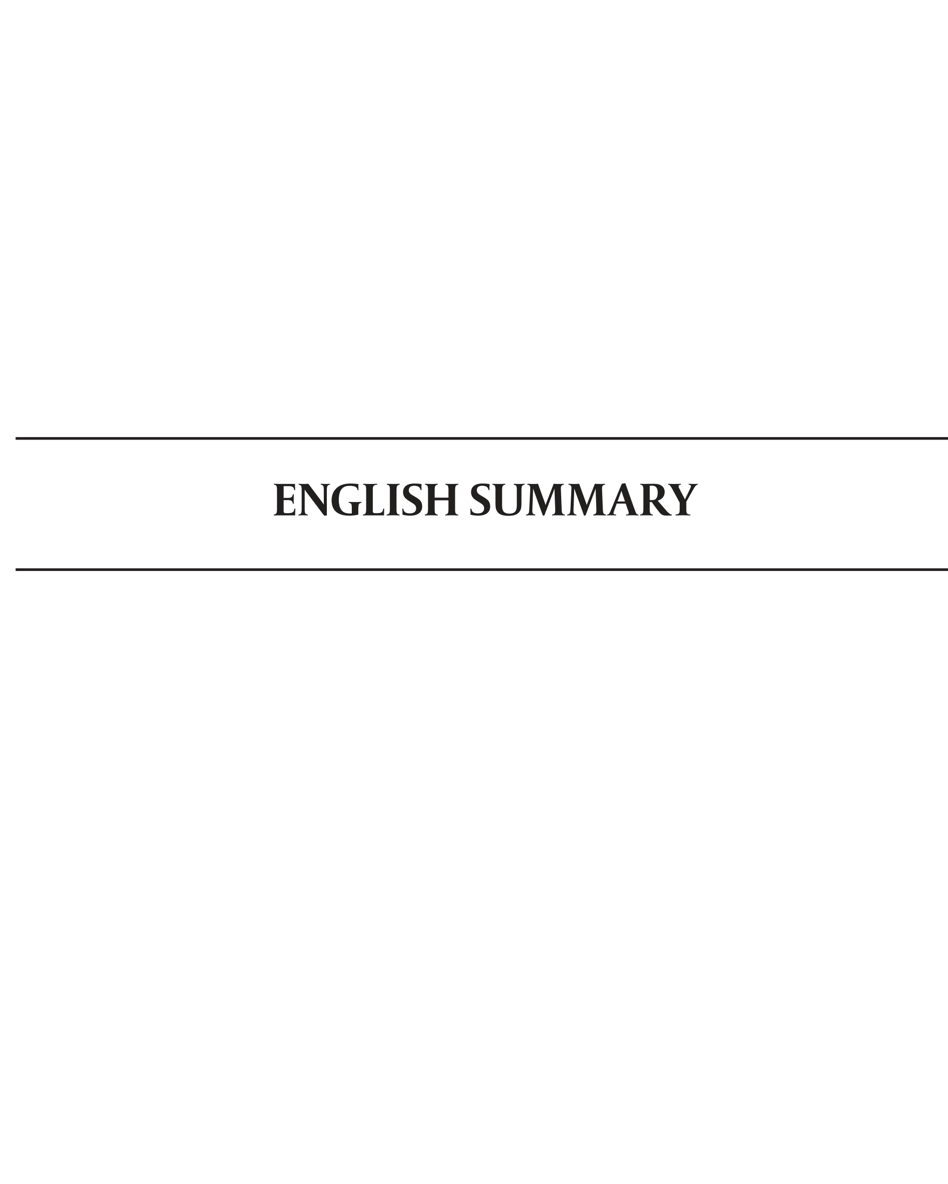




ENGLISH SUMMARY

Reflection, a challenging phenomenon to teach and research

A goal of good health professions education is to make reflection valuable and concrete to refine peoples' capacity to reflect as a health professional. Setting the goal of making reflection valuable and concrete is easier said than done. While most individuals have an intuitive feel about reflecting, and one way or another have likely experienced reflection, it is complicated to observe reflection directly. Ideally, the evidence-based models and typologies that describe reflection in clear steps can be used in health professions education to teach learners how they can reflect effectively. The models allow learners to make their reflections systematic and visible to others in conversation or writing, while educators can use the models to assess the quality of reflection in fair and precise ways. One problem with the models and typologies is that they conceptualize reflection in generalized terminology, making it hard to understand how reflection happens concretely in lived education settings. For instance, the process of looking back, relaying an experience and soliciting expertise can be done with an intricate and potentially infinite repertoire of educational and social interaction strategies that breathe oxygen into sterile conceptualizations of reflection. Thus, models could divert precious attention away from what learners and educators actually (should) 'do' at a worm's-eye view to make reflection concrete and valuable.

A second problem with educating and teaching reflection is that reflection is private. One can never truly observe if someone else's reflections that are shared in conversation or in writing are truly genuine or mere performance. Furthermore, since there is a tendency in health professions education to assess learning outcomes, including reflection, learners are known to give socially desirable answers. The desire to monitor reflection can therefore escalate the danger of health profession learners reproducing what the educators want to hear. In other words, the reflective zombie is born.

While reflection is important in health professions education, the two aforementioned problems make it challenging to teach and research it. With this thesis, I provide insight in reflection by asking how health profession learners, educators and supervisors can make reflection valuable and concrete. The context of my research is the three-year Dutch GP specialty training. Since the 1970s, the GP specialty training has nurtured a culture of reflection. The GP training institute firmly established the importance of reflection as an integral part of becoming and being a competent GP, and it is therefore an ideal context to research reflection.

Philosophically acknowledging the limitations of reflection

To answer the question how teachers and researchers can make reflection concrete and valuable, I first will explain the underlying problem that researchers and educators do not always sufficiently acknowledge the (conceptual) limitations that reflection poses on research and education. Understanding what these limitations are requires a turn to philosophy that can help map and acknowledge them, in order to make reflection concrete and valuable.

With the first three studies in this thesis, I philosophically explore three conceptual limitations of reflection. The first limitation of reflection is that its meaning is complex and varied. In dealing with reflection's complexity, many researchers try to tame the complexity by formulating a conclusive definition, model or typology of reflection. That approach should support educators and supervisors in pinpointing when students (properly) reflect, and helps identify outcomes that can be precisely assessed in education. In **chapter 2**, I explained that the latter goals stem from a *technical* way of approaching reflection. This implies that once researchers find a conclusive definition of reflection, they can map its features exactly, and empirically validate if and how reflection is effective, regardless of context. Conversely, I have also found that researchers approach the complexities of reflection from a *dynamic perspective*. Then, the meaning of reflection is understood to be variable, and its meaning depends on particular values, practices and educational purposes that exist in a specific educational context. In **chapter 2**, I argue that the technical approach can yield general value for theorizing about reflection; however, there is also a catch. The strong focus on technical validation could lead us down a path towards devising generalized models and abstractions that cease to have concrete meaning in practice.

The second limitation is related to the relative ease with which reflection can be tied to many 'good' and beneficial aims. In **chapter 3**, I draw from key philosophers in the continental tradition and explain how reflection fundamentally deals with bridging the gap between theory and practice, and the gap between the individual and communal sense of a profession. Consequently, researchers are able to ascribe many benefits directly to reflection due to these innately human processes. However, I question how sustainable such an approach is to tie 'doing reflection' to such a long list of benefits, especially when researchers warn that those ties are hard to prove. I argue that, if we are not careful, reflection is slowly gaining the status of a panacea in health professions education and research. Furthermore, one could argue that 'good' reflection does not solely come from reflecting as such. For instance, a criminal who studies at the University for Criminals also learns, grows and reflects. Thus, what 'good' reflection means is also embedded in broader cultural and educational values, rather than the activity of reflection as such.

The third limitation is that reflection is not solely a linear process. While reflection is acknowledged as something complex, its application in practice frequently happens linearly. In short, a linear understanding of reflection stems from a one-sided *Chronistic* interpretation. The Greek notion of *Chronos* helps us comprehend time in a linear fashion. Time becomes countable in units, for instance in years down to milliseconds. This implies advancement in time from one phase to the next. For reflection, this *Chronistic* interpretation means that 'properly reflecting' at point A leads a learner to certain beneficial outcomes at point B, such as becoming more empathetic, flexible, creative and so forth. With Walter Benjamin's work in **chapter 4**, I opened an alternative avenue for approaching reflection to counter the linear understanding. I mobilized the concept of *Kairos*, which is a complex concept, but it generally

designates those moments in time when we face a unique situation that requires action that is not about applying principles and laws alone. Rather, previous truths become (re)constructed as a montage of ideas. Thus, I argue that reflection does not make us 'better human beings' in a future; instead, reflection makes us 'different human beings' who can (re)constitute their own practices, values and norms in the present.

Describing a culture of reflection *in situ* with social interaction research

Acknowledging the three limitations as I have described them above, led me away from focussing on the 'correct' definition of reflection that would allow me to measure its outcomes. Although such research can be valuable for health professions education, I focus on how reflection appears in and manifests as a practice within a *culture of reflection*. I understand this culture as a culmination of norms, values and beliefs that are expressed in the culture's language and education practices. I use Discursive Psychology (DP) and Conversation Analysis (CA) as suitable methodologies to map the Dutch GP culture of reflection, since they provide refined research tools and methodological foundations to analyse social interactions. Generally, by looking at (fundamental) elements of social interaction, for instance how participants question others, use metaphorical speech, or assess something, DP uncovers how social interactions shape psychological phenomena such as reflection. While there is overlap between DP and CA, CA is more concerned with uncovering the machinery of interaction. A basic goal is identifying actions (such as asking, telling, inviting), and describing what features (practices) of the turn design participants mobilize to achieve them, as these are situated in the context of a sequence of turns. **Chapters 4-6** exemplify ways of pursuing the alternative approach to reflection that takes the three aforementioned conceptual limitations into account. The key consideration is that I look at a culture of reflection. Therefore, I take the participant perspective of GP registrars, educators and supervisors as the starting point for mapping features of the reflection culture within the Dutch GP specialty training.

In **chapter 4**, I asked in a focus group setting how GP registrars themselves construct reflection in the context of their education, to gain more insights into the broader norms, values and practices that exist within this culture of reflection. Generally, GP registrars find value in reflection activities, but their experiences are more diverse when they speak about concrete practices. For instance, while some appreciate writing structured reflection reports, others appreciate having conversations with a supervisor about doing consultations together. Furthermore, the value depends on how that activity is embedded and done *in situ*. The lesson from this study is that GP registrars are sensitive to how social interactions shape (un)cohesive, (un)integrated and (in)valuable reflection, regardless of their general view that doing reflection is positive.

From previous research we know that GP registrars and teachers orient towards the importance of discussing emotions in their education, such as during group reflection activities. My analysis in **chapter 5** shows how they deal with that emotional dimension. In particular, one

salient practice is asking 'what affects you', which can be a powerful tool to elicit emotion talk. However, this is not simply a question that always functions in every situation. My analysis shows that this move is ineffective when neither personal stake nor displays of emotion have occurred prior to posing that question. Generally, this finding supports the idea that reflection gains meaning *in situ*. For instance, models and theory on reflection may highlight that delving into emotions creates additional depth to any reflection; nonetheless, it cannot be forced and it is a delicate operation to execute successfully from a worm's-eye view.

The lesson that reflection becomes concrete and valuable in practice is also illustrated by **chapter 6**, through the lens of challenging someone's perspective during moments of resistance in arguing sequences in group reflection sessions or GP supervisor-registrar meetings. My analysis suggests that challenging perspectives is a complex interactional activity that requires setting the stage. Namely, there is a tension between maintaining 'social solidarity and agreement', and the educational value of resistance and 'challenging perspectives.' There are various ways how educators, supervisors and GP registrars deal with this tension. First, they often go through a transfer and move themselves into arguing sequences wherein challenges occur. Second, at some point they must also move away from arguing (and the repertoire consists of either 'abandoning the argument', 'taking a side in the argument', or 'orienting to the argument itself'). In general, while educationalists recognize the value of challenges and resisting perspectives at a theoretical level, **chapter 6** shows that this procedure requires circumspection and attentiveness to social interactional processes.

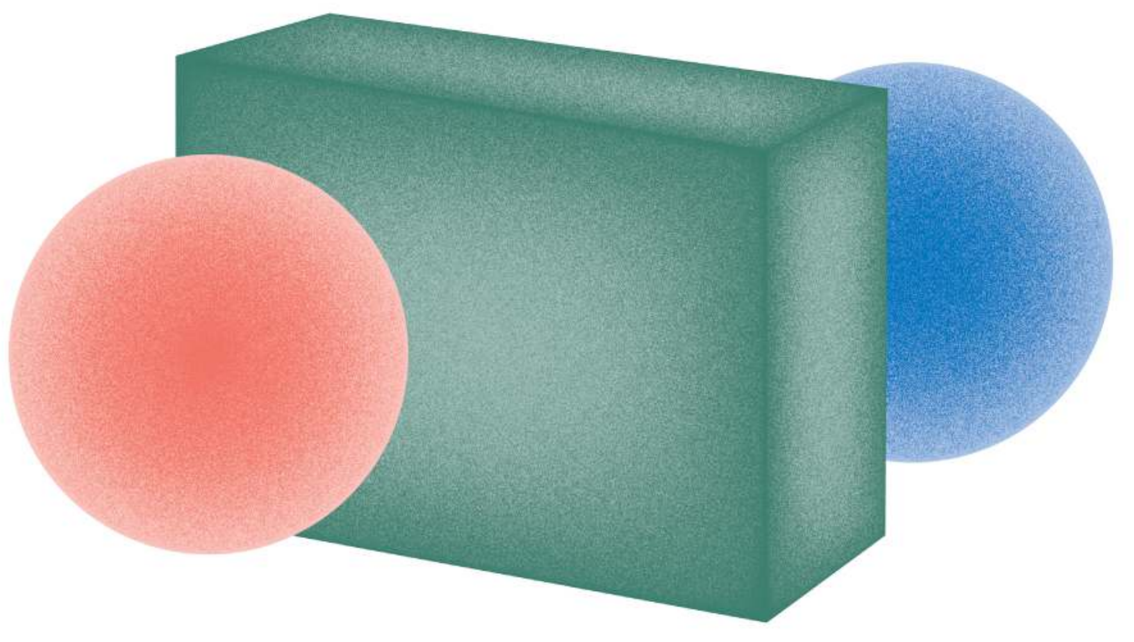
Conclusions

With my philosophical research I mapped three limitations. First, reflection is a complex concept that gains specific meaning and value in practice. With each step away from concrete practices towards greater abstraction of reflection we tend to lose concrete value. Second, reflection can be an innately human capacity that easily allows ties to many different benefits, but this malleable quality also creates the danger of reflection becoming a panacea. Third, reflection is not solely a linear, but also a *Kairotic* process that challenges overly linear interpretations of reflection. Consequently, these limitations motivated me to seek alternative ways of researching reflection in health professions education that acknowledge the limitations. In short, I did not pinpoint and measure reflection in our data, but described how participants themselves give concrete meaning and value to reflection.

My empirical research illustrates my alternative approach to researching reflection, and yields two generalizable points. First, emotions and resistance are but some possible dimensions of a culture of reflection, of which I have only mapped a few practices. DP and CA research suggest there are many additional ways of tabling emotions, or resisting. Thus, we must appreciate that any description captures only a tiny portion of an existing interaction and educational repertoire to make reflection concrete and valuable. This indicates that doing reflection in practice is infinitely richer and more surprising than any model or theory can

depict. Second, the descriptions in the empirical chapters should not be understood as normative indications that can simply be generalized to indicate what educators should be doing at all times and in every context to stimulate successful reflection; rather, these descriptions should be understood as indications of what they can do. Thus, this research nurtures awareness about interactive attentiveness, and how social interactions can shape cultures of reflection.

To stimulate attentiveness about 'doing reflection', I have conducted workshops and developed a practice book titled *Een boek zonder antwoorden. Over reflectiegesprekken* (2023). These have two objectives. On the one hand, they make educators, supervisors and learners aware that varied practices exist, that they already make use of some, and that these have effects (in interaction) that shape reflection education. On the other hand, they aim to broaden the repertoire of educators, supervisors and learners, and teach them how to become attentive to their own practices, which implies making (normative) choices. For instance, when they wish to discuss emotions, how should they do that, and what norms and values do they then convey about doing reflection? My observations thus function as a mirror for those in the education community. I therefore do not say what successful reflection entails, but create an educational dialogue wherein educators, supervisors and learners are confronted with their own practices and presuppositions. This approach does not definitively solve the challenge of teaching the complexities of reflection, but it is an attentive movement towards embracing them.



NEDERLANDSE SAMENVATTING

Reflectie, een uitdagend fenomeen om te onderwijzen en te onderzoeken

Een doel van goed onderwijs in de gezondheidszorgberoepen is om reflectie waardevol en concreet te maken, zodat mensen beter in staat zijn om te reflecteren in hun beroep als gezondheidsprofessional. Helaas is dit gemakkelijker gezegd dan gedaan. Hoewel de meeste mensen intuïtief aanvoelen hoe het is om te reflecteren of op de een of andere manier reflectie hebben ervaren, is het doorgaans ingewikkeld om reflectie onmiddellijk te observeren en te onderwijzen. Tegenwoordig kunnen opleidingen daarom gebruik maken van empirisch bewezen modellen en typologieën die reflectie in duidelijke stappen beschrijven, om zo studenten te leren hoe ze effectief kunnen reflecteren. De modellen stellen studenten in staat om hun reflecties systematisch en inzichtelijk te maken voor anderen in gesprekken of op schrift, terwijl onderwijzers de modellen kunnen gebruiken om de kwaliteit van reflectie op een eerlijke en nauwkeurige manier te beoordelen. Echter, een probleem met deze modellen en typologieën is dat ze reflectie conceptualiseren in algemene terminologie, wat het moeilijk maakt om te begrijpen hoe reflectie daadwerkelijk concreet plaatsvindt in de praktijk. Bijvoorbeeld, het proces van terugkijken, het bespreken van een ervaring en het vragen naar expertise kan bijvoorbeeld gebeuren met een potentieel oneindig en zeer rijk repertoire van educatieve en sociale interactiestrategieën. Te zeer geabstraheerde modellen kunnen dus kostbare aandacht afleiden van wat studenten en onderwijzers eigenlijk (zouden moeten) 'doen' om reflectie concreet en waardevol te maken in de praktijk.

Een tweede probleem met het aanleren en onderwijzen van reflectie is dat deze privé is. Iemand kan nooit echt observeren of de reflecties van een ander die in een gesprek of op schrift worden gedeeld echt zijn of louter een acteerstukje. Bovendien, aangezien er een tendens is in het onderwijs om leerresultaten te beoordelen met inbegrip van reflectie, is het bekend dat studenten sociaalwenselijke antwoorden geven in reflectieopdrachten. Daarom kan de wens om reflectie te beoordelen het gevaar vergroten dat studenten in de gezondheidszorg enkel reproduceren wat de onderwijzers willen horen. Met andere woorden, de reflectieve zombie is geboren.

Hoewel reflectie belangrijk is in het gezondheidszorgonderwijs, maken de twee bovengenoemde problemen het uitdagend om reflectie te onderwijzen en er onderzoek naar te doen. Met dit proefschrift geef ik inzicht in deze problematiek en het fenomeen reflectie, door de vraag te stellen hoe studenten, opleiders en onderwijzers in het medisch onderwijs reflectie waardevol en concreet kunnen maken. De context van mijn onderzoek is de (huidige) driejarige Nederlandse huisartsopleiding, die sinds de jaren zeventig een reflectiecultuur heeft opgebouwd. De huisartsopleiding heeft zo het belang van reflectie voor het worden van een bekwaam huisarts stevig verankerd, en deze is daarom de ideale context om reflectie te onderzoeken.

Over het filosofisch erkennen van de beperkingen van reflectie

Om antwoord te geven op de hoofdvraag hoe onderwijzers en onderzoekers reflectie concreet en waardevol kunnen maken, zal ik eerst een onderliggend probleem moeten toelichten, na-

melijk dat onderzoekers en onderwijzers de (conceptuele) beperkingen die reflectie stelt aan onderzoek en onderwijs niet altijd voldoende erkennen. Om te begrijpen wat deze beperkingen zijn, is de filosofie nodig die kan helpen deze in kaart te brengen.

Met de eerste drie filosofische studies in dit proefschrift onderzoek ik drie conceptuele beperkingen van reflectie. De eerste beperking van reflectie is dat de betekenis ervan complex en gevarieerd is. In het omgaan met de complexiteit van reflectie proberen veel onderzoekers de complexiteit te temmen door sluitende definities, modellen of typologieën van reflectie te formuleren. Die aanpak zou opleiders en onderwijzers moeten helpen om te bepalen wanneer studenten (op de juiste manier) reflecteren, en deze zou helpen bij het identificeren en nauwkeurig beoordelen van reflectie. In **hoofdstuk 2** heb ik uitgelegd dat deze laatste doelen voortkomen uit een *technische* benaderingswijze van reflectie. Dit houdt in dat als onderzoekers eenmaal een sluitende definitie van reflectie hebben gevonden, ze de kenmerken ervan precies in kaart kunnen brengen en dus empirisch kunnen valideren of en hoe reflectie werkt. Ik heb echter ook opgemerkt dat onderzoekers de complexiteit van reflectie kunnen benaderen vanuit een *dynamisch* perspectief. De betekenis van reflectie is daarin variabel en hangt af van bepaalde waarden, normen, praktijken en onderwijsdoelen in een specifieke onderwijscontext. In **hoofdstuk 2** beargumenteer ik dat de *technische* benadering weliswaar waardevol is voor het theoretiseren over reflectie, maar er zit ook een addertje onder het gras. De sterke focus op technische validatie zou ons op een pad kunnen leiden naar het ontwikkelen van veralgemeniseerde modellen en abstracties die in de praktijk steeds minder concrete betekenis hebben.

De tweede beperking heeft te maken met het relatieve gemak waarmee reflectie gekoppeld kan worden aan vele 'goede' onderwijs- en ontwikkeldoelen. In **hoofdstuk 3** put ik uit het werk van filosofen uit de continentale traditie en leg ik uit hoe reflectie te maken heeft met het overbruggen van de kloof tussen theorie en praktijk, en de kloof tussen het individuele en gemeenschappelijke begrip van een beroep. Op basis van deze fundamentele kenmerken van reflectie kunnen onderzoekers veel voordelen toeschrijven aan reflectie. Ik vraag me daarentegen af hoe duurzaam deze benadering is, vooral wanneer diezelfde onderzoekers waarschuwen dat die verbanden moeilijk te bewijzen zijn. Ik stel dat, als we niet oppassen, reflectie langzaam de status van een onderwijskundig wondermiddel krijgt. Bovendien zou je kunnen stellen dat 'goede' reflectie niet alleen voortkomt uit reflecteren als zodanig. Een crimineel die aan de Universiteit voor Criminelen studeert zal ook leren, groeien en reflecteren. Wat 'goede' reflectie betekent is dus mede ingebed in bredere culturele en educatieve waarden dan louter in de activiteit van het reflecteren op zich.

De derde beperking is dat reflectie niet uitsluitend een lineair proces is. Hoewel reflectie erkend wordt als iets complex, vindt de toepassing ervan in de praktijk vaak lineair plaats. Een lineair begrip van reflectie komt voort uit een eenzijdige chronistische interpretatie. Het Griekse begrip *Chronos* helpt ons om tijd op een lineaire manier te begrijpen. Tijd wordt telbaar in eenheden, bijvoorbeeld van jaren tot milliseconden. Deze zienswijze impliceert ook voortgang in de tijd, van de ene fase naar de volgende. Voor reflectie betekent deze chronistische

interpretatie dat 'wanneer iemand juist reflecteert' op punt A, dit leidt naar bepaalde gunstige resultaten op een later punt B, zoals empathischer, flexibeler, of creatiever worden. Met het werk van Walter Benjamin in **hoofdstuk 4** bewandel ik een alternatieve weg om de lineaire zienswijze tegen te gaan. Daarbij gebruik ik het concept *Kairos*, wat een complex concept is, maar in zijn algemeenheid duidt op momenten in de tijd waarop we geconfronteerd worden met een unieke situatie die actie vereist. Daarbij kunnen we ons niet simpelweg laten leiden door veralgemeende principes en toepasbare wetten. Het is eerder het geval dat veralgemeende waarheden worden ge(re)construeerd tot een nieuwe montage van ideeën. Ik stel daarom dat reflectie ons geen 'betere mensen' maakt in een toekomst, maar dat reflectie ons 'andere mensen' maakt die hun eigen praktijken, waarden en normen kunnen (re)construeren in het heden.

Over het beschrijven van een reflectiecultuur *in situ* met interactieonderzoek

Het erkennen van de drie beperkingen zoals ik ze hierboven heb beschreven, leidde ertoe dat ik me in mijn dissertatie niet concentreerde op de 'juiste' definitie van reflectie die me in staat zou stellen om de resultaten ervan te meten. Hoewel dergelijk onderzoek waardevol kan zijn voor medisch onderwijs, richt ik me op hoe reflectie verschijnt en zich manifesteert als een praktijk binnen een reflectiecultuur. Ik begrijp deze cultuur als een verzameling van normen, waarden en overtuigingen die tot uitdrukking komen in de taal en onderwijspraktijken van die cultuur. Ik gebruik daarbij *Discursieve Psychologie* (DP) en *Conversatieanalyse* (CA) als geschikte methodologieën om de reflectiecultuur in de Nederlandse huisartsopleiding in kaart te brengen, omdat DP en CA verfijnde onderzoeksinstrumenten en methodologische fundamenten bieden om sociale interacties te analyseren. Door te kijken naar (fundamentele) elementen van sociale interactie, bijvoorbeeld hoe deelnemers anderen bevragen, metaforen gebruiken of iets beoordelen, legt DP bloot hoe sociale interacties psychologische fenomenen zoals reflectie vormgeven. Hoewel er overlap is tussen DP en CA, houdt CA zich meer bezig met het blootleggen van de mechanismen van interactie. Een basisdoel is het identificeren van acties (zoals vragen, vertellen, uitnodigen) en het beschrijven van kenmerken (praktijken) van het beurtontwerp die deelnemers gebruiken voor hun acties. De **hoofdstukken 4-6** illustreren mijn alternatieve benadering van reflectie, die rekening houdt met de drie bovengenoemde conceptuele beperkingen. De belangrijkste overweging is daarbij dat ik kijk naar de reflectiecultuur, en het deelnemersperspectief van huisartsen in opleiding, onderwijzers en opleiders consequent als uitgangspunt neem om kenmerken van die reflectiecultuur in kaart te brengen.

In **hoofdstuk 4** heb ik in een focusgroepsetting gevraagd hoe de huisartsen in opleiding zelf reflectie construeren in de context van hun opleiding, om meer inzicht te krijgen in de bredere normen, waarden en praktijken die binnen deze reflectiecultuur bestaan. Over het algemeen vinden huisartsen in opleiding reflectie waardevol, maar hun ervaringen zijn meer divers wanneer ze het over concrete praktijken spreken. Terwijl sommigen het bijvoorbeeld waarderen om gestructureerde reflectieverslagen te schrijven, waarderen anderen het om gesprekken te hebben met een opleider over het voeren van een gedeeld consult. Bovendien hangt de waarde

af van hoe die activiteit *in situ* wordt ingebed en uitgevoerd. De les van dit onderzoek is dat huisartsen in opleiding gevoelig zijn voor hoe sociale interacties in de praktijk vorm geven aan (on)samenhangende, (on)geïntegreerde en (on)waardevolle reflectie, ongeacht hun algemene opvatting dat reflecteren positief is.

Uit eerder onderzoek weten we dat huisartsen in opleiding en onderwijzers zich oriënteren op het belang van het bespreken van emoties in hun onderwijs, zoals tijdens groepsreflectieactiviteiten. Mijn analyse in **hoofdstuk 5** laat zien hoe zij met die emotionele dimensie omgaan. Een in het oog springende vraag is 'wat raakt je', wat een krachtig middel kan zijn om gesprek over emoties te ontlokken in het onderwijs. Echter, dit is niet zomaar een vraag die altijd en overal werkt. Mijn analyse toont aan dat deze educatieve zet niet effectief is wanneer er geen persoonlijke betrokkenheid of uiting van emotie heeft plaatsgevonden voorafgaand aan het stellen van deze vraag. In het algemeen ondersteunt deze bevinding het idee dat reflectie pas betekenis krijgt *in situ*. Modellen en theorieën over reflectie kunnen bijvoorbeeld wel benadrukken dat het bespreken van emoties extra verdieping geeft aan reflectie; desalniettemin kan het niet worden afgedwongen en is het een delicate operatie om succesvol uit te voeren vanuit het perspectief van de praktijk.

De les dat reflectie concreet en waardevol wordt in de praktijk wordt ook geïllustreerd in **hoofdstuk 6**. Daarbij gebruik ik de lens van perspectiefwisselingen tijdens momenten van weerstand in argumentatiesequenties tijdens groepsreflectiesessies of begeleidingsgesprekken op de praktijk tussen een opleider en huisarts in opleiding. Mijn analyse suggereert dat het bevragen van perspectieven een complexe interactieactiviteit is. Er bestaat namelijk een spanning tussen het handhaven van 'sociale solidariteit en overeenstemming' en de educatieve waarde van 'weerstand bieden en het bevragen van perspectieven'. Er zijn dientengevolge verschillende manieren waarop opleiders, onderwijzers en huisartsen in opleiding met deze spanning omgaan. Ten eerste doorlopen ze vaak een interactioneel traject naar het moment waarin het bevragen van perspectieven ruimte kan krijgen. Ten tweede moeten de deelnemers op een bepaald moment ook weer afstand nemen van het argumenteren (en dat repertoire bestaat uit 'het argumenteren opgeven', 'een kant kiezen in het argument', of 'zich oriënteren op het argument zelf'). In het algemeen erkennen onderwijskundigen de waarde van uitdagingen en het bevragen van perspectieven op een theoretisch niveau, maar **hoofdstuk 6** laat zien dat deze procedure omzichtigheid en aandachtigheid vereist voor sociale interactionele processen.

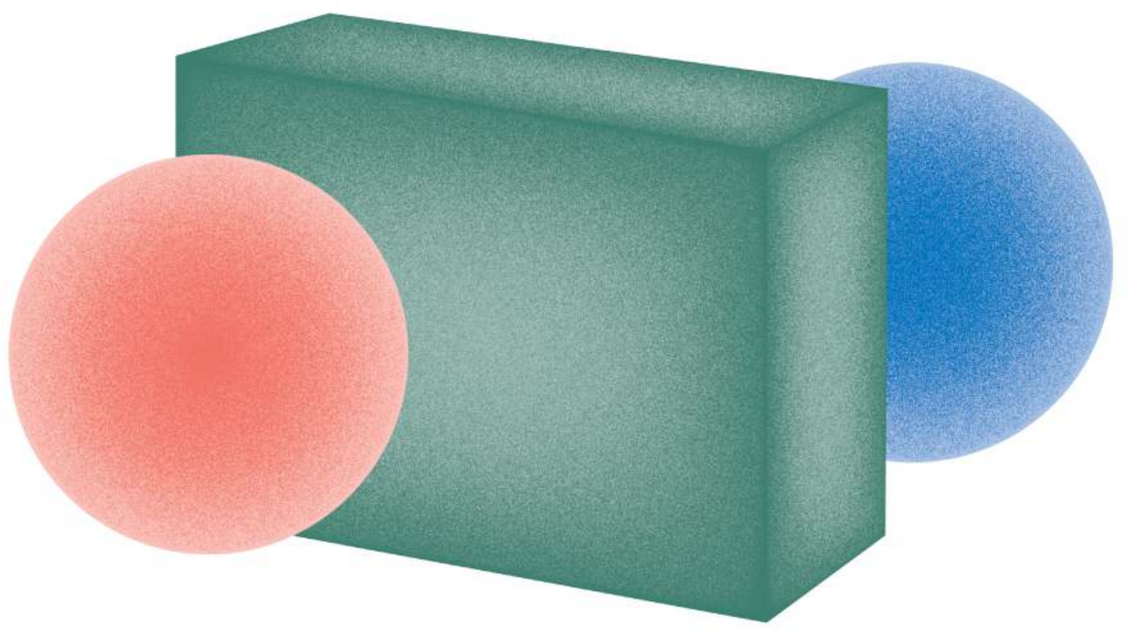
Conclusies

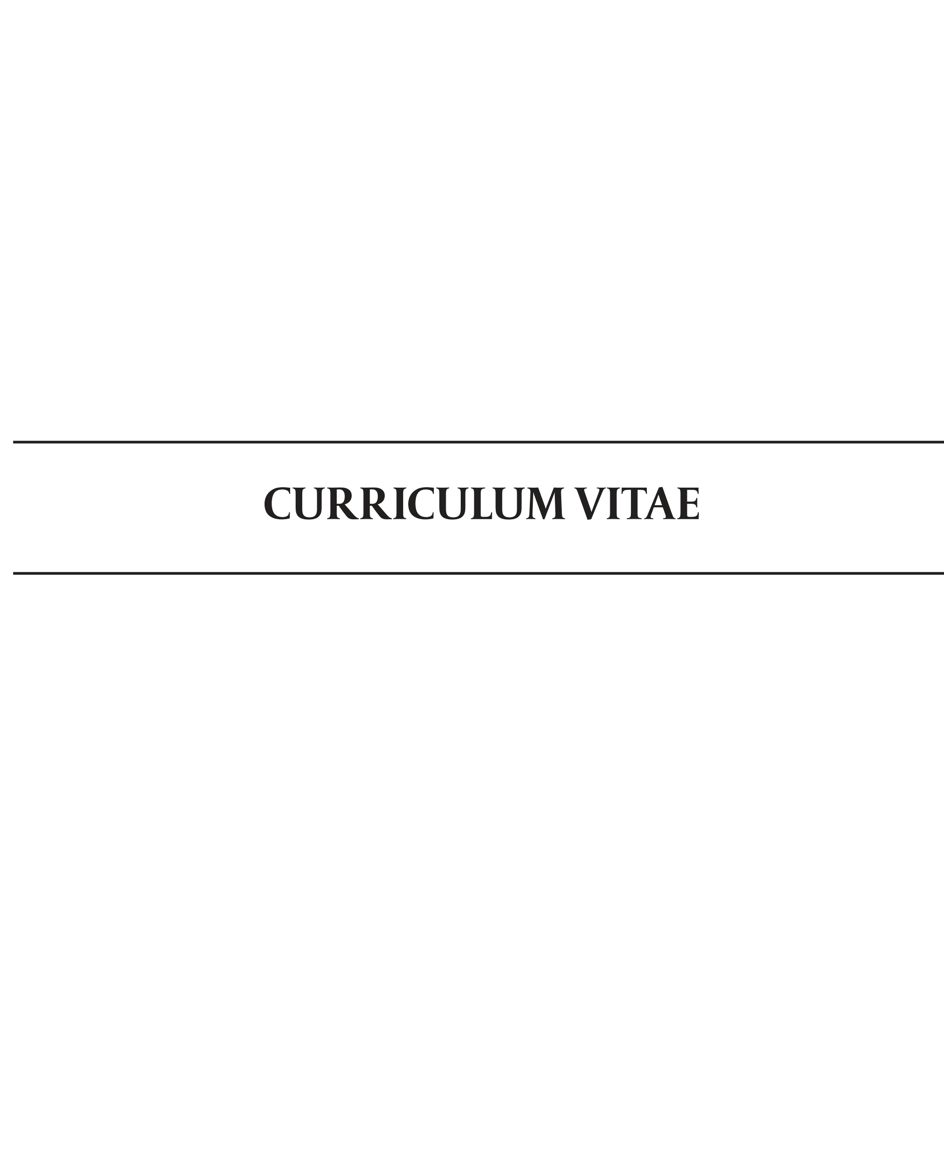
Met mijn filosofisch onderzoek heb ik drie beperkingen in kaart gebracht. Ten eerste is reflectie een complex concept dat specifieke betekenis en waarde krijgt in de praktijk. Met elke stap weg van de praktijk en richting een grotere en meer algemeen toepasbare abstractie, dreigt reflectie haar concrete waarde te verliezen. Ten tweede is reflectie een aangeboren menselijk vermogen dat zich gemakkelijk laat verbinden met legio voordelen, maar deze kneedbare kwaliteit creëert ook het gevaar dat reflectie een wondermiddel wordt. Ten derde is reflectie niet alleen een

lineair, maar ook een *Kairotisch* proces dat al te lineaire interpretaties van reflectie in twijfel trekt. Deze drie conceptuele beperkingen motiveerden mij om op zoek te gaan naar alternatieve manieren om reflectie te onderzoeken. Kortom, ik heb reflectie niet gelokaliseerd en gemeten in onze data, maar beschreven hoe deelnemers zelf concrete betekenis en waarde geven aan reflectie.

Mijn empirisch onderzoek illustreert een andere benadering van onderzoek naar reflectie en levert twee generaliseerbare punten op. Ten eerste zijn emoties en verzet slechts enkele mogelijke dimensies van een reflectiecultuur, waarvan ik enkele praktijken in kaart heb gebracht. DP en CA onderzoek suggereren dat er veel meer manieren zijn om over emoties te spreken of weerstand te bieden. We moeten dus beseffen dat elke beschrijving slechts een klein deel van een bestaand interactie- en onderwijsrepertoire omvat om reflectie concreet en waardevol te maken. Dit geeft aan dat reflectie in de praktijk oneindig veel rijker en verrassender is dan welke modellen of theorieën dan ook kunnen weergeven. Ten tweede moeten de beschrijvingen in de empirische hoofdstukken niet worden opgevat als normatieve aanwijzingen die eenvoudig veralgemeend kunnen worden om aan te geven wat iemand zou moeten doen om succesvolle reflectie te stimuleren; deze beschrijvingen moeten eerder worden opgevat als aanwijzingen van wat iemand kan doen. Dit onderzoek biedt ruimte aan de interactieve aandacht en hoe sociale interacties reflectieculturen kunnen vormgeven.

Om de aandacht voor reflecteren te stimuleren, heb ik workshops gegeven en een praktijkboek ontwikkeld getiteld *Een boek zonder antwoorden. Over reflectiegesprekken* (2023). Deze hebben twee doelen. Enerzijds maken ze opleiders, onderwijzers en studenten ervan bewust dat er een gevarieerd repertoire bestaat wat reflectie vormgeeft, en dat wat ze doen effect heeft op het reflectieonderwijs en wat reflectie *in situ* betekent. Anderzijds beogen de workshops en het boek het onderwijskundige en interactierepertoire van opleiders, onderwijzers en studenten te verbreden, en hen te leren hoe ze aandachtig kunnen worden voor hun eigen repertoire. Dit impliceert tevens het maken van (normatieve) keuzes. Als onderwijzers of studenten bijvoorbeeld emoties willen bespreken, kunnen zij zich afvragen hoe zij dat doen en welke normen en waarden ze met hun handelingen uitdragen die hun reflectiecultuur vormgeeft. Mijn observaties fungeren als een spiegel voor de onderwijsgemeenschap. Ik zeg dus niet wat succesvolle reflectie inhoudt, maar creëer een educatieve dialoog waarin onderwijzers, opleiders en studenten geconfronteerd worden met hun eigen praktijken en vooronderstellingen. Deze benadering lost de uitdaging van het onderwijzen van de complexiteit van reflectie niet definitief op, maar deze is een aandachtige beweging in de richting van het omarmen ervan.





CURRICULUM VITAE

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Languages	Dutch (native speaker), English (C2), German (C1)
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1. PROFILE

PhD candidate, specialized in social interaction and philosophy, working in the field of health professions education. As a licensed teacher, trained and practiced in Problem Based Learning, teaching humanities, arts and qualitative methods.

2. EDUCATION

2018	**University Teaching Qualification** Maastricht University
2015 – 2016	**Master of Arts in Education of Philosophy, cum laude** Tilburg University
2012 – 2015	**Master of Arts in Philosophy of Humanities, cum laude** Leiden University
2013 – 2014	**Master of Arts in Media Studies, cum laude** Leiden University
2009 – 2012	**Bachelor of Arts in Arts and Culture, cum laude** Maastricht University
2011 – 2012	**Erasmus exchange program – Berlin** Humboldt Universität Berlin, Philosophische Fakultät I
2003 – 2007	**Bachelor of Fine Arts and Education, cum laude** Fontys School of Arts, Tilburg

3. Prizes

2009 – 2011	**Honor program, Maastricht University** Extra-curricular research project for top 5% students at the Faculty of Arts and Social Sciences. Theme: ethics and technology
2009 – 2010	**Top 3% best student award, Maastricht University** Faculty of Arts and Social Sciences

4. Work and teaching experience

2023 - present	**Post-Doctoral Researcher, Erasmus University Medical Centre, GP department** - Grant acquisition - Supervising PhD students, and teacher researchers in HPE research - Researching social interaction and reflection in medical education - Developing and conducting workshops about reflection and didactics for GP trainees and GP faculty
2023 - present	**Project leader and advisor curriculum design for Erasmusarts 2030** - Project leader and advisor for reflection and feedback in the development of the new BA medical training curriculum
2019 – 2023	**PhD candidate, Erasmus University Medical Centre, GP department** - Researching social interaction and reflection in medical education - Developing and conducting workshops about reflection and didactics for GP trainees and GP faculty - Grant acquisition: e.g. Co-author for the Erasmus UMC/Leiden UMC - HGOG ZonMw 2023 grant application about specialty education that prepares GPs to critically assess emergent technologies in their profession
2016 – 2019	**Teaching fellow, Maastricht University, Faculty of Arts and Social Sciences** - Lectured, conducted tutorials, supervised thesis students, developed courses and exams within the BA program *Arts and Culture*, *European Studies*, *University College Maastricht*, *Science College Maastricht*, and mentored BA students - Developed and conducted didactics workshops for faculty development - Taught courses, among others: media and art theory, ethics, philosophy of science, political philosophy, qualitative methods, academic writing skills
2018 – 2022	**Guest lecturer at the Fontys School of Arts, Tilburg** - Taught artistic research and reflection in the Minor program *Creating with Media*
2018 – 2020	**Guest lecturer at the Toneelacademie, Maastricht: MA Teaching and Directing** - Developed and conducted workshops about artistic research and reflection
2018 – 2019	**Committee member for the BA European Studies Admission Committee** - University Matching Procedure: assessed and advised Admission Committee regarding the admission process of prospective BA European Studies students
2015 – 2016	**Teaching fellow at the Fontys School of Arts, Tilburg** - Taught and developed the Minor program *Creating with Media*
2015 – 2016	**Teacher in Training at De Nassau high school, Breda** - Taught philosophy and religion
2009 – 2011	**Principal editor at the Maastricht University magazine *Mosaïek*** - Student magazine for popular scientific humanities articles
2007 – 2009	**Teaching fellow at the Koning Willem I College, 's-Hertogenbosch, vocational education** - Taught in the program *Media, Art, Performance*

5. Publications

van Braak, M.[†], Schaepkens, S. P. C.[†], van Dolder, E., Dral, L. K., van der Horst, Z., Houben, D., Mees, E. E. (2023). What affects you? A conversation analysis of exploring emotions during reflection sessions in Dutch General Practitioner Training. *Front Psychol*. 2023 Aug 21;14. doi: 10.3389/fpsyg.2023.1198208

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Wallinga, C., Barnhoorn, P. C., Essers, G. T. J. M., Schaepkens, S. P. C., & Kramer, A. W. M. (2023). 'You are not alone.' An exploratory study on open-topic, guided collaborative reflection sessions during the General Practice Placement. *BMC Med Educ*. Oct 16;23(1):769. doi:10.1186/s12909-023-04756-6.

Schaepkens, S. P. C., & Lijster, T. (2022). Mind the gap: A philosophical analysis of reflection's many benefits. *Teaching and Learning in Medicine*, 1-10. doi: http://dx.doi.org/10.1080/10401334.2022.2142794

Schaepkens, S. P. C., & Coccia, C. H. (2022). In Pursuit of time: An inquiry into Kairos and reflection in medical practice and health professions education. In M. Brown, M. Veen & G. Finn (Eds.), *Applied Philosophy for Health Professions Education* (pp. 311-324), Singapore: Springer. doi: https://doi.org/10.1007/978-981-19-1512-3.

de la Croix, A., Schaepkens, S. P. C., & Veen, M. (2022). Zombies in onderwijsland. *Tijdschrift voor Gezondheidszorg en Ethiek*, *32*(3): 58-63.

Fawns, T., & Schaepkens, S. P. C. (2022). A matter of trust: Online proctored exams and the integration of technologies of assessment in medical education. *Teaching and Learning in Medicine*, *34*(4), 444-453. https://doi.org/10.1080/10401334.2022.2048832

Schaepkens, S. P. C., Veen, M., & de la Croix, A. (2021). Is reflection like soap? A critical narrative umbrella review of approaches to reflection in medical education research. *Advances in Health Sciences Education: Theory and Practice*, *27*(2), 537-551. https://doi.org/10.1007/s10459-021-10082-7

van Braak M., Huiskes M., Schaepkens S. P. C., & Veen, M. (2021). Shall we all unmute? A Conversation Analysis of participation in online reflection sessions for General Practitioners in training. *Languages*, *6*(2), 72. https://doi.org/10.3390/languages6020072

Schaepkens, S. P. C. (2019). Hij werd geboren, dichtte en stierf. Een wijsgerige reflectie op het publieke debat omtrent gevallen denkers en dichters. In Y. F. Au & T. van Avermaete (Eds.), *Door de schaduwen bestormd. Reflecties op de controverse rond de oorlogsjaren van Lucebert* (pp. 107-120). Den Haag: Uitgeverij Oevers.

Schaepkens, S. P. C. (2015). *Boekrecensie – 'Oorsprong en vrijheid' van G. T. M. Visser*. In T. van Avermaete (Ed.), http://www.tijdschriftskut.nl/

6. outreach projects and conferences (selection)

PODCASTS

- Fawns, T., Schaepkens, S. P. C., & Atta, K. (2022). Episode #009 - Technology, trust and assessment. In M. Veen (Ed.), *Let Me Ask You Something*. https://podcasts.apple.com/gb/podcast/episode-009-technology-trust-and-assessment/id1519667670?i=1000571499334
- Schaepkens, S. P. C., Veen, M., de la Croix, A. (2020). Aflevering 21 - Filosofische rondetafel. In *Medisch Onderwijs Podcast*. https://medischonderwijspodcast.wordpress.com/page/2/

INTERVIEWS

- Schaepkens, S. P. C. (2022). Op weg naar concrete en waardevolle reflectie binnen de huisartsenopleiding. In M. Kessel (Ed.), *ZonMw*. https://publicaties.zonmw.nl/onderzoek-van-onderwijs/op-weg-naar-concrete-en-waardevolle-reflectie-binnen-de-huisartsenopleiding/

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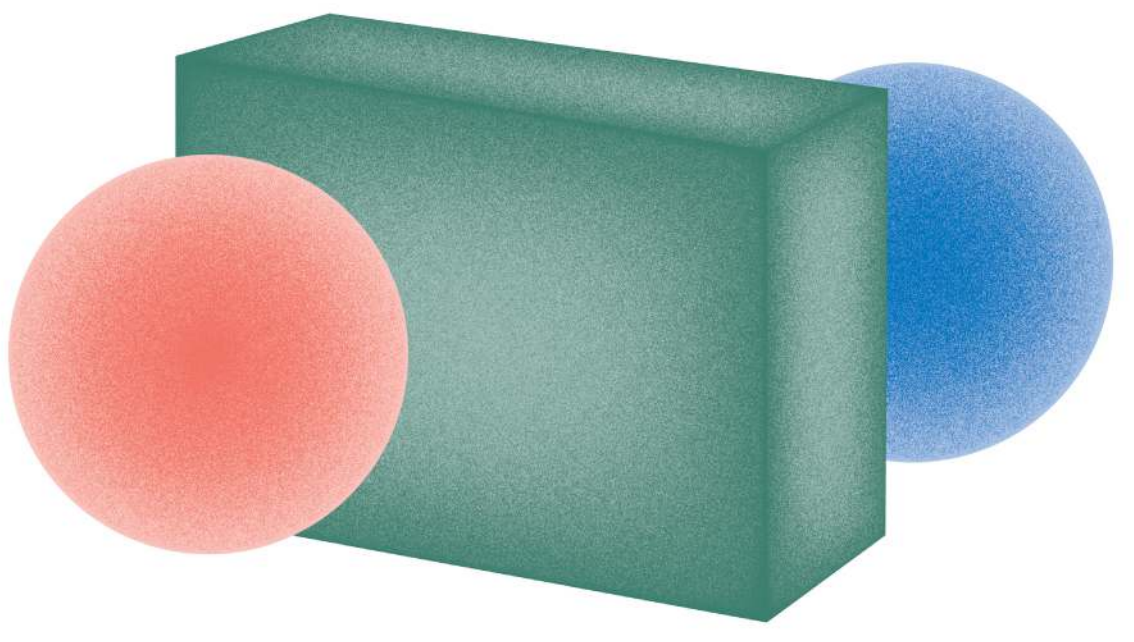
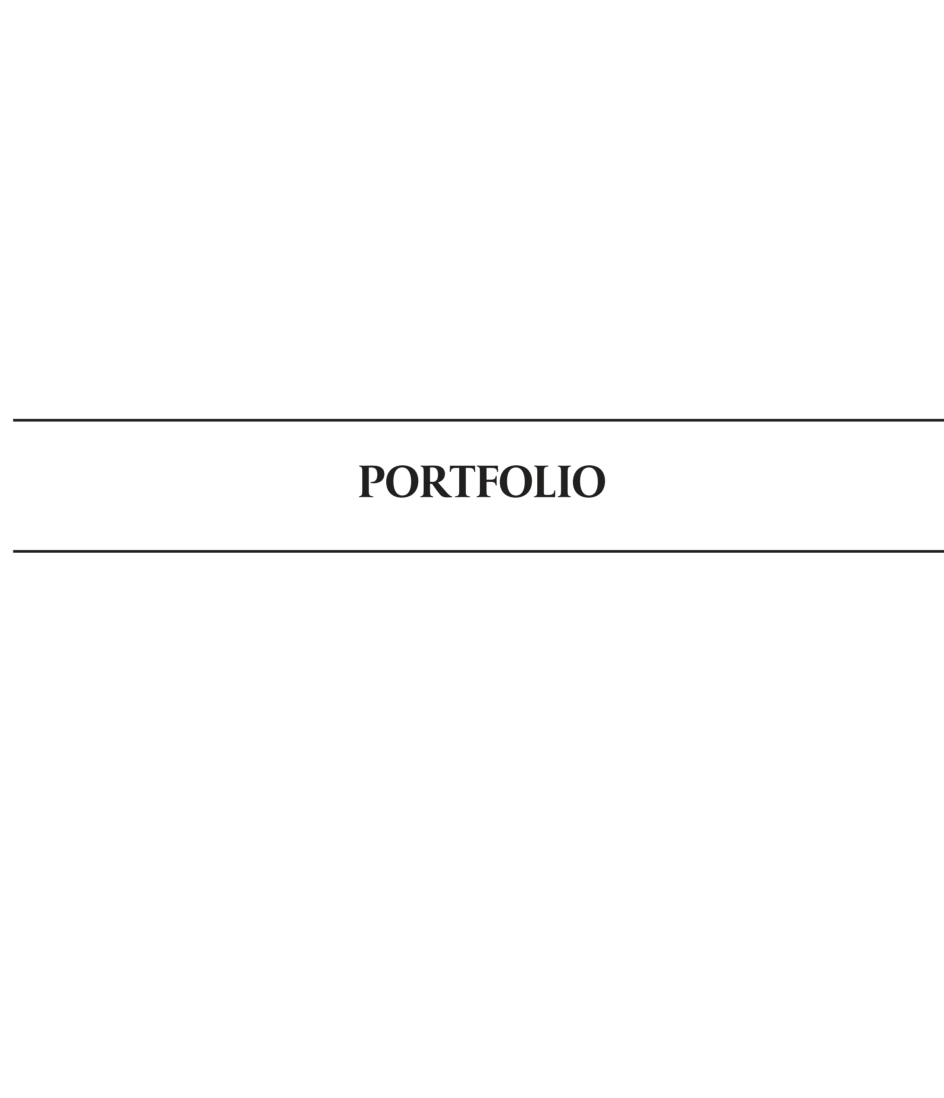
- **Erasmus University Medical Centre, Onderwijsmiddag Master Geneeskunde (2023):**
    - Schaepkens, S. P. C. *Hoe doe jij dat nou, reflecteren? Een interactieve workshop over reflectie en reflectiegesprekken*
- **Nederlandse Vereniging voor Medisch Onderwijs conferentie (2023):**
    - Schaepkens, S. P. C., Veen, M. & de la Croix, A. *Hoe doe jij dat nou, reflecteren? Een interactieve workshop over gesproken reflectieonderwijs*
    - Veen, M., Driessen, E., Schaepkens, S. P. C., de la Croix, A., van Braak, M. & Verwer, S. *Samenwerken met filosofen in medisch onderwijs: waarom en hoe?*
- **Interstavendag Huisartsgeneeskunde Nederland (2023):**
    - Schaepkens, S. P. C. *Hoe doe jij dat nou, reflecteren? Een interactieve workshop over reflectiestrategieën*
- **Digital Meeting for Conversation Analysis (2022):**
    - Schaepkens, S. P. C. *When institutional and personal reflective goals align, but not quite – Understanding General Practitioner registrars' assessments of reflective practice interactionally*

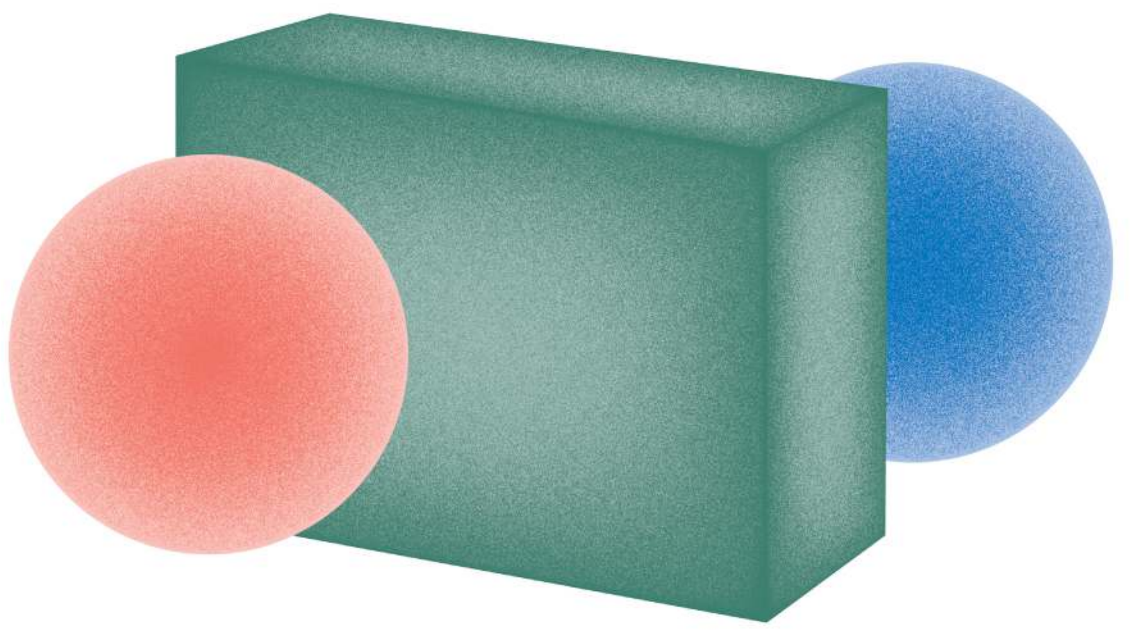
- **AWIA – Anéla Werkgroep Interactieanalyse (2022):**
    - o Veen, M. & Schaepkens, S. P. C. *The (im)possibility of a discursive psychological approach to reflection in education*
    - o Van Braak, M., & Schaepkens, S. P. C. *When others invite you to share the emotional side of experiences: Introducing and exploring emotion in reflection sessions between GPs in training*
- **Nederlandse Vereniging voor Medisch Onderwijs conferentie (2021/22):**
    - o Schaepkens, S. P. C., & van Braak, M. *Zullen we un-muten?" Hoe technologie invloed heeft op participatie; een interactieve filosofische rondetafelsessie over technologie in medisch onderwijs*
    - o Van Braak, M., & Schaepkens, S. P. C. *"Zullen we un-muten?" Een Conversatie Analyse van participatie in online groepsreflectie met huisartsen in opleiding*
    - o Rietmeijer, C., Veen, M., & Schaepkens, S. P. C. *Een fenomenologische benadering van onderzoek van medisch onderwijs*
- **International Association for Medical for Health Professions Education conference (2021):**
    - o Schaepkens, S. P. C. *Rotterdam 2059: Mi have een droom - boarding a poetic time travel machine for the sake of medical practice and education*
- **Nederlandse Vereniging voor Medisch Onderwijs conferentie (2020):**
    - o Veen, M., de Jonge – 't Hoen, L., & Schaepkens, S. P. C. *Niet alles is meetbaar, maar wanhoop niet! Training in professioneel subjectief beoordelen*
    - o Veen, M., Schaepkens, S. P. C., & A. de la Croix. *Filosofische rondetafelsessie - heilige huisjes afbreken en opbouwen*
    - o de la Croix, A., Schaepkens, S. P. C., & Veen, M. *Growing a professional identity*
- **International Association for Medical for Health Professions Education conference (2020):**
    - o De la Croix, A., Schaepkens, S. P. C., & Veen, M. *Growing a professional identity*

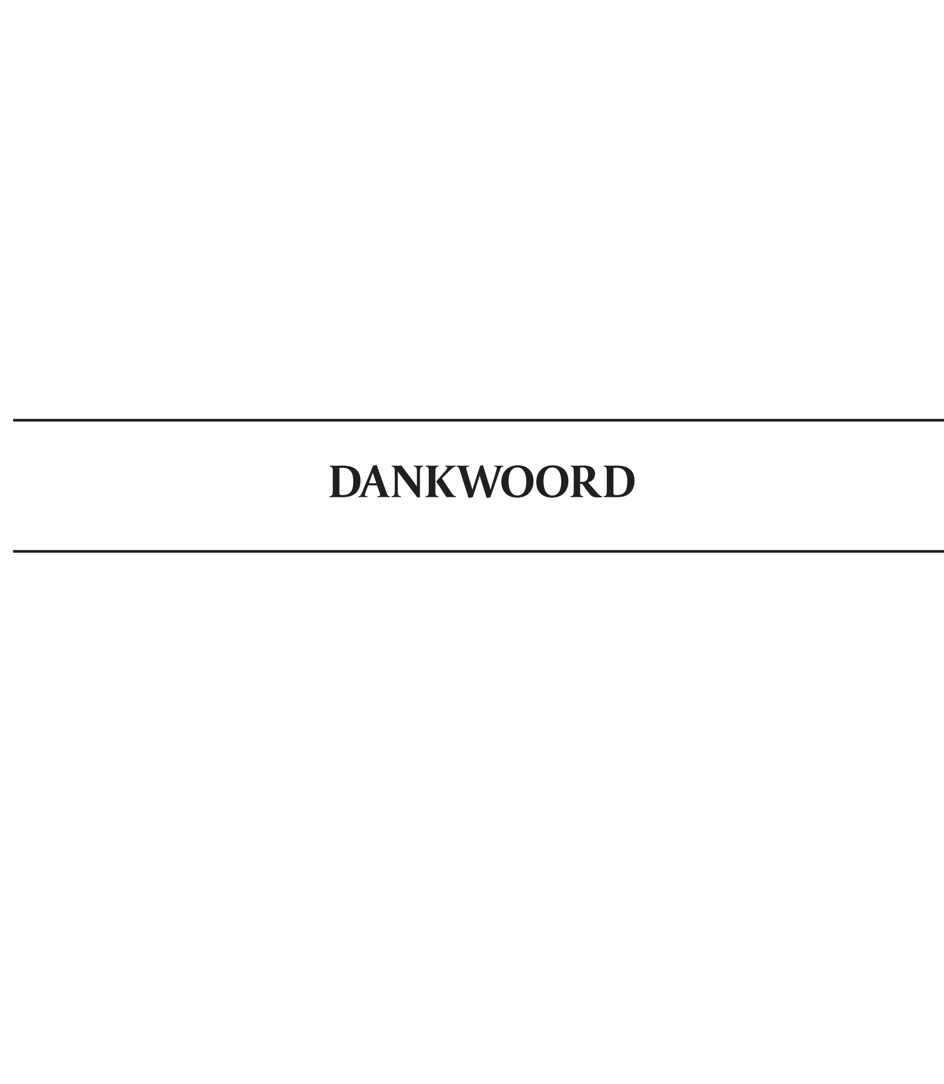




PORTFOLIO

Activity		
Course training	**Year**	**ECTS**
LOT summer school – Collaboration in joint activities	2022	1
Manchester Metropolitan University – Philosophy and interaction analysis	2022	0.7
LOT winter school – Trends in terminology and special language studies	2022	1
LOT winter school – CA and health communication	2022	1
VU – Conversatie Analyse leesgroep	2021-23	0.5
Erasmus MC – Scientific integrity	2021	0.3
VU – Methode Conversatie Analyse, gespreksadvies en gesprekspraktijk	2020	4
ICO – Qualitative research	2019	3
CA datasessions (various and Erasmus MC Huisartsopleiding)	2019-23	1.5
Presentations and workshops		
Podcast: TLM – Philosophy in medical education: about technology	2023	0.5
Podcast: TLM – Philosophy in medical education: about reflection	2023	0.5
Workshop NVMO	2023	0.5
Oral presentation BPER Coffees, College of Family Physicians of Canada	2023	1
Workshop Erasmus MC Master opleidingsdagen	2023	1
Oral presentation DMCA	2022	1
Oral presentation 1 AWIA	2022	1
Oral presentation 2 AWIA	2022	1
Fringe presentation AMEE	2021	1
Fringe presentation AMEE	2020	1
Round table NVMO	2020	1
Workshop NVMO	2020	1
Oral presentations Spreekkamer, Erasmus MC Huisartsgeneeskunde	2020-23	1.5
Conference attendance		
ICAM conference Canada, Quebec City	2023	1
NVMO 2019	2019	0
Teaching and faculty development		
Docentprofessionalisering Erasmus MC Huisartsgeneeskunde	2020-23	4





DANKWOORD

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De CA gemeenschap, en dan wil ik met name noemen de JuCA leden, Joyce Lamerichs, Lotte van Burgsteden en Bogdana Huma
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Mike Huiskes
Dank voor je vertrouwen in mijn kunde en de handreikingen die je me de afgelopen jaren gaf. Ik ben blij dat een deel van onze wegen elkaar nog zullen blijven kruisen.

Jikkie van Veen
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Marije van Braak
Van jou leer ik bij elke ontmoeting weer om een betere wetenschapper-docent en collega te zijn, en ik na elk gesprek weer wegloop en onmiddellijk uitkijk naar het volgende moment wanneer ik je weer mag ontmoeten.

Lenneke Heeren
Dank voor je kunde, expertise, luisterend oor en vlijmscherpe oog. Jouw beeldende vertaling is een enorme verrijking van mijn wetenschap, en ook de samenwerking smaakt naar veel meer.

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U allen heeft mij als mijn onderwijzers en begeleiders tijdens mijn academische opleidingen meer gevormd dan u zich allen kunt indenken.

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Lieve vrienden. Dank dat jullie mij tijdens dit promotietraject, ieder op zijn of haar eigen manier, hielpen relativeren en mijn werk waardeerden.

Marcel
Lieve vriend. Je zult je naam niet in de artikels vinden die hier gebundeld zijn, maar jij, jouw docent- en kunstenaarschap waaraan ik mij optrek, zijn verankerd in mijn werk.

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