

# An overview of reflective learning in Years 1 and 2 of the medical curriculum at the University of Liverpool

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**Introduction:** In medicine, reflective learning (RL) is a method of continual learning from clinical experience, identifying learning needs and implementing changes in practice. RL is a crucial aspect for evaluation of practice and performance throughout the career of healthcare professionals. It is an important learning tool for both medical students and qualified doctors and poor reflective ability has been linked to lapses in professionalism.

RL involves thinking about events, circumstances, issues, concerns and situations in a more deliberate (or deeper) way. This skill enables the individual to understand situations from different perspectives in order to learn from experience and alter behavior so that similar situations are handled better in the future (Box 1). This process also encompasses self-reflection, which aims to help the individual understand his or her own development as a medical student and doctor. In Years 1 and 2 of the MBChB Curriculum at the University of Liverpool, RL is taught and assessed via several modules using a variety of approaches. Despite the importance of reflection, medical students, in their earlier years, can struggle to see its value and are often reluctant to engage with the process beyond superficial levels.

**Objectives:** To evaluate RL within the Medical School, and discuss methods for developing a standardised framework for RL with the aim of increasing consistency of teaching and assessment and improving student engagement and performance.

**Results:** RL includes learning the act of Reflective Practice, which can be described as critical analysis of everyday working routines to improve competence and promote professional development (London Deanery). To aid this process, a variety of theoretical models have been developed (e.g., Johns, DEBRIEF, Gibbs). Despite the importance of RL, many studies have shown that students find reflection difficult, and can fail to understand the relevance to their learning and practice needs. Indeed, our own student feedback indicates a largely ambivalent attitude towards RL (Fig. 1). Box 2 outlines current RL requirements for Year 1 and Year 2 medical students.

**Fig. 1** The reflective journals were helpful

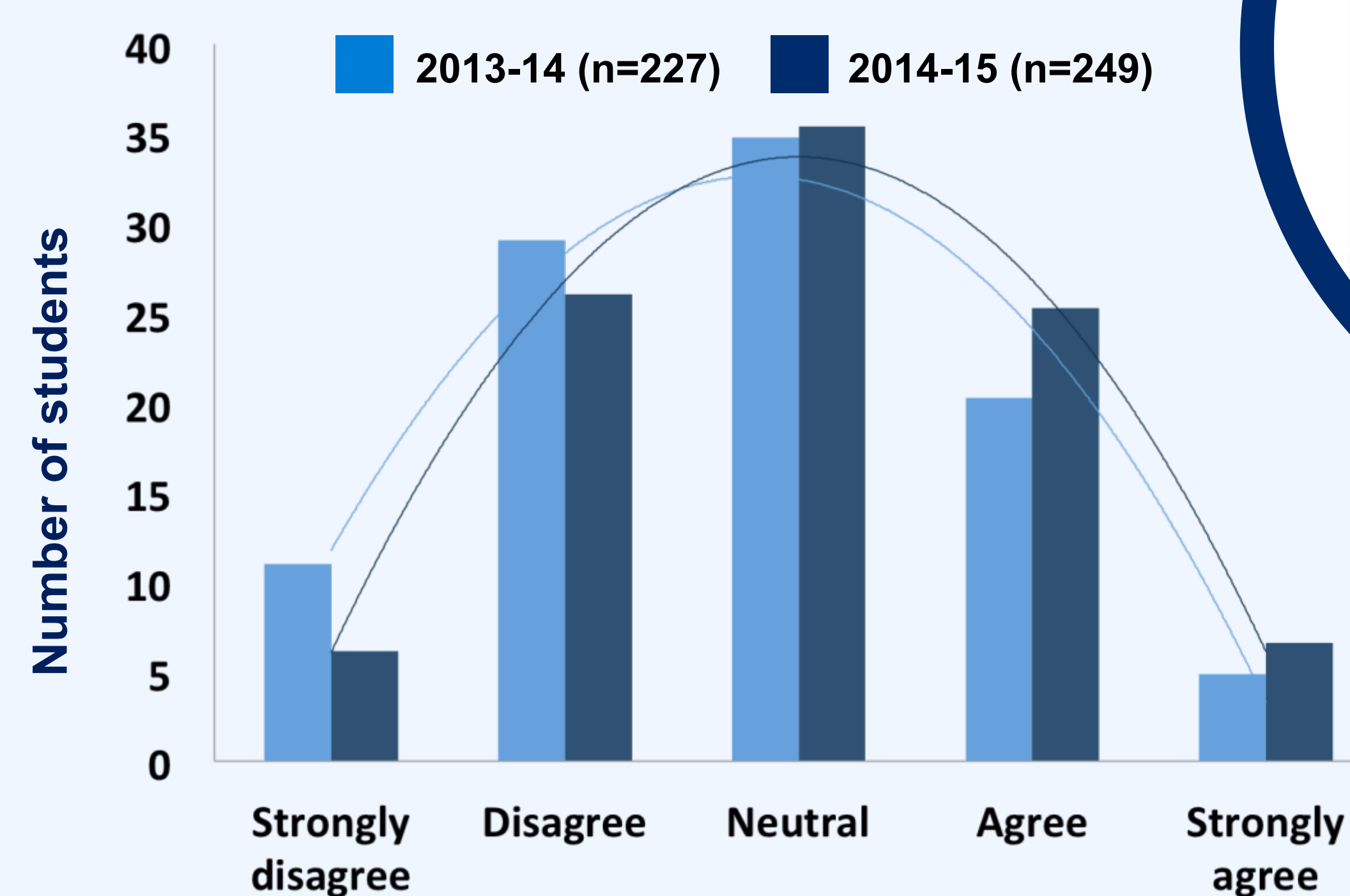


Fig 1. represents attitudes to RP in the previous MBChB curriculum in which RP was largely confined to the Communication for Clinical Practice module in the form of asking the students to write two reflective journals about their interactions with patients on the wards. In 2014-15, a new curriculum was introduced; Box 2 represents the new RP content.

## BOX 1

### Learning to become a reflective practitioner helps to:

- Develop or to consolidate practice
- Provide reassurance or criticality
- Improve performance and understanding
- Enhance the quality of patient care
- Provide an understanding of complex situations
- Understand your own feelings, biases

**Discussion:** In Year 1 and Year 2 students are introduced to RL in several modules (Box 2). Research has shown that students often find it difficult to reach deeper levels of reflection. Furthermore, they can fail to appreciate the value of reflection, despite professional bodies stating that critical reflection is an important aspect of medical training and CPD. These issues can be exacerbated when clear guidance is missing, mentorship is lacking and feedback on reflective tasks is not provided.

Our recommendations (Box 3) draw on research and include a collaborative approach to standardising RL curricula, clear definitions of RL, and a common theoretical model of reflection, which all modules utilise and which can become an embedded learning tool for students. Theoretical models can guide the student towards deeper reflection. However, this learning must be reinforced with feedback and support from mentors. As such, tutors should be trained in RL.

Reflective learning is more effective in groups. The Communication for Clinical Practice (CCP) module is held in small groups of about 8 students. These 'safe' groups can yield multi-perspective feedback on student reflections of clinical experiences. They can also generate positive attitudes and enthusiasm for RL. Feedback should be given on content and structure to guide the student towards more critical levels of reflection. RL should also be consolidated by assessment, which should include a summative component.

## BOX 3

### Recommendations for the development of stronger foundations in RL in Year 1 and Year 2 of MBChB:

- Collaboration on teaching and assessing
- Clear description of reflection and goals
- Standardized approach (e.g., same theoretical model)
- Support and mentorship
- Feedback on reflections; content and process
- Assessment; formative and summative
- Train the tutors to deliver consistent RL across modules

## BOX 2

Year	Module/task	Reflective learning requirement	Structure/model of reflection	Assessment	
Year 1	Leadership and Management	Students are required to complete a structured reflection (1000 words)	Pre-printed template of Prompts/questions, but no reflective model allocated	Formative	
	Professionalism	Students are required to complete 3 short structured reflections on professionalism themes	Pre-printed template of Prompts/questions, but no reflective model allocated	Formative	
	Psychology and Sociology (applied to medicine)	Students are required to complete a reflection on an experience from their own life (1400 words)	Pre-printed template of Prompts/questions, John's Model of reflection combined with DEBRIEF model	Formative	
	Lecture on Resilience and Reflection				
	Resilience (Life Coach)	Series of reflective journals	Examples given, but no reflective model allocated	Formative	
	Communication for Clinical Practice	Short reflections on 3 interactions with simulated patients	No reflective model allocated	Formative	
Year 2	Community placements	Students are required to complete a reflection entitled, 'Health in the community'	Pre-printed template of Prompts/questions, but no reflective model allocated	Formative	
	Psychology and Sociology (applied to medicine)	Students are required to complete a reflection on an experience from the clinical setting (1400 words)	Pre-printed template of Prompts/questions, John's Model of reflection combined with DEBRIEF model	Summative	
	Lecture on resilience and reflection				
	Resilience (Life Coach)	Series of reflective journals	Examples given, but no reflective model allocated	Formative	
	Communication for Clinical Practice	Short reflections on 3 interactions with simulated patients. Feedback given on reflections by tutors	Gibbs Reflective Model	Formative	
Hospital placements	Short reflections on each of 7 experiences (e.g., handover, drugs round, patient journey)	Pre-printed template of Prompts/questions, but no reflective model allocated	Formative		

**Conclusion:** As medical educators, our desire is to create longitudinal curricula that enable greater learning from the experiences. By helping to develop reflective skills in medical students, our aim is to equip the next generation of doctors for life-long learning in a highly respected and worthwhile profession.

**References:** Hoffman et al. 2016. Is Reflective Ability associated with professionalism lapses during medical school? *Academic Medicine*, in press; Johns, C (1995). Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing*, 22: 226–234; Allan, H. DEBRIEF A reflective tool for workplace based learning <http://educatingtrainers.blogspot.co.uk/search/label/debrief>; Gibbs, G. (1988). Learning by doing: A guide to teaching and learning methods, Oxford Centre for Staff and Learning Development, Oxford Polytechnic. London: Further; Allan, H. (2012). Reflective writing skills; Reflection and reflective practice: NHS London, London Deanery Professional Support Unit; Aronson, L. (2010) Twelve tips for teaching reflection at all levels of medical education: *Medical Teacher*, 33: 200-205; Mann et al. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Science Education*, 14:595-621; Liu, D. and Brennan, L. 2012. The role of reflection in CPD and revalidation. *Royal College of Anaesthetists Bulletin*, 75:12-13