Reflective writing and medical humanities: some pedagogical remarks

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Abstract

Literature has shown increasing interest on reflective writing as a strategy that can enhance communication skills, empathy and overall professionalism in healthcare professionals in general and in medical doctors in particular. These aspects are considered pivotal goals in medical humanities courses/electives. Reflection is considered a deliberate and conscious activity allowing the individual to contemplate his/her/others' behaviour and events, and responses to them. Reflection is about cogitating one's own lived experience of thinking, which includes not only thoughts but also ideas, representations, prejudices, emotions, and values. Writing an experience, instead of simply telling about it, allows the writer to put on the paper what he/she could reflect upon. This allows to take a distance from an experience and to analyse it in a deeper and more comprehensive manner. While mandatory reflection is growing in education and reflective accounts are re-viewed and marked in some universities, there has been a general concern that "the requirement for reflection has distorted the original intentions of meaningful reflective practice". In this paper I will discuss the role of reflection in learning from clinical practice, with a particular focus on undergraduate medical education. I will attempt to explain why writing is intended as a core strategy for developing meaningful learning from one's own experience. I will then illustrate general features of reflective writing in undergraduate medical education and report some writing prompts. Finally, I will convey

some medical students' reactions to those activities and results of reflective writing experiences, as reported by the literature, concluding with some pedagogical remarks.

Keywords: clinical practice, medical education, medical humanities, narrative medicine, pedagogy, reflective writing.

Introduction

In the last two decades, there has been increasing interest on reflective writing as a strategy that can enhance communication skills, empathy and overall professionalism in healthcare professionals in general and in medical doctors in particular.[1] These aspects are considered pivotal goals in medical humanities courses/activities, which can be held in undergraduate, postgraduate and continuing education. Besides, as shown by Pennebaker and Segal,[2] writing can also enhance wellbeing.

Promoting wellbeing is crucial in increasingly demanding contexts such as those of medical care. Healthcare professionals' burnout and depression have been related to their incapacity of remaining "connected" to the patients, the others, and them-selves.[3] Medical humanities in general, and reflective writing in particular, may play an important role in the ability of "remaining connected" by expanding the physicians' awareness of the meaning of illness and doctoring.[4] It has been suggested that, through this process of awareness and therefore personal growth, physicians "can realize their full potential for healing".[5]

In this paper I will discuss the role of reflection in learning from clinical practice, with a particular focus on undergraduate medical education. I will attempt to explain why writing is intended as a core strategy for developing meaningful learning from one's own experience. I will then illustrate general features of reflective writing in undergraduate medical education and report some writing prompts. Finally, I will convey some

medical students' reactions to those activities and results of reflective writing experiences, as reported by the literature, concluding with some pedagogical remarks.

What is reflection?

Reflection is a deliberate and conscious activity allowing the individual to contemplate his/her/others' behaviour and events, and responses to them. The philosopher and educator John Dewey placed reflection at the very heart of education, which was essentially conceived as "the reconstruction or reorganization of experience".

Reflection, therefore, is essential to learning from experience, particularly in those situations in which the issues are ill defined, multi-layered and complex, as clinical practice is.[6]

It should be noticed that reflecting and thinking are two different acts of mind. Thinking is about analysing a situation in order to solve a problem and/or to plan future actions; it develops starting from a current situation. Reflecting, on the other hand, is about analysing the processes (cognitive, emotional, ethical, etc.) underlying some behaviours and events. It develops starting from an occurred situation. We reflect on an experience in order to analyse it in more detail, "which requires some degree of elaborating on or interrogating that experience".[7]

Reflection is not about thinking about a person/an event, but it is about cogitating one's own lived experience of thinking, which includes not only thoughts but also ideas, representations, prejudices, emotions, and values. In fact, when reflecting on an experience "it is important for learners not only to replay the experience but also to attend to how they felt during its occurrence".[8]

Charon and Heimann[9] define reflection as "an active interior state", which uses not only cognitive and affective means, but also creative resources to go through one's lived experience. The reflecting self "is one with the attentive self, the present self, the feeling self, the self with a sense of story".[9] This kind of reflection is pivotal in constructing professional identity,[10] which is considered the highest purpose of medical education.[11]

Moreover, in educational contexts, reflection is aimed at developing ideas for transformative actions, which could allow the student/practitioner to resolve things differently in the future. As highlighted by Wear et al.[7], "this emphasis on transformative action also shifts reflective practice from a solitary act to a social one, a practice in which individuals look outside –to others– as well as inside themselves".

Therefore, reflection can be understood as "the core of a mindful practice, which includes self-awareness, regulation and monitoring, clarifying values, and recognizing the affective domain of medical care".[12]

Although Mann et al.[13] have pointed out that there is no evidence on the role of reflection in improving learning, research has shown that the physician's reflective practice is associated with the generation of more accurate diagnostic hypothesis in complex cases, whereas it does not affect the diagnosis of simple cases.[14]

Writing an experience to reflect on it

Rita Charon has affirmed: "Without writing, I would not have realized the illness experience of my patients. Representing those interior events enabled me to see what goes on within myself as a clinician, as patients no doubt write illness narratives to make visible aspects of their own situation".[15]

Writing seems to render visible aspects of our experience that would otherwise remain invisible or hidden. The use of language facilitates the act of representation of a certain experience. For example, the act of representing the morning in words is what enabled me to see it, declared Rita Charon.[16] Yet, verbalizing an experience is not the same of writing it. The latter is a more difficult task, which enables people to represent and recognize "complex events and states of affairs".[9]

So, why to write an experience, for example within the clinical training? Writing an experience, instead of simply telling it, allows the writer to put on the paper what he/she could reflect upon. This allows to take a distance from an experience and to analyse it in a deeper and more comprehensive manner. Furthermore, writing allows to scaffold an experience and to connect different aspects of it.

Reflective writing helps in maintaining a distance from the clinical experience, promotes the ability to grasp its complexity and to learn to tolerate the ambiguity and uncertainty embedded in the clinical practice. This is particularly important in medical education, if we consider that "medical students are awash in ambiguities –intense competition, derogatory humour directed at patients, inequities in care".[7]

Therefore, what is reflective writing? reflective writing is a practice in which the writer describes an event, an interaction, a passing thought, a memory or an observation, in either essay or poetic form, adding a personal reflection on the meaning of the item. Hence, while reflective writing starts from the description of an event, it cannot be considered an act of reporting events objectively. It is a process related to personal "perception" of a certain experience, which, of course, prompts for a description of it.[17]. In Table 1, I explain, through an example, the difference between perception and description.

A seminal example of reflective writing is the "parallel chart",[16] a method aimed at enabling healthcare professionals to recognize what patients endure and to examine their own journeys through medicine. This exercise was implemented by Charon with residents, and consisted in writing about patients and clinical experience in an ordinary language. Residents were asked to write their lived experience in first person. In Table 2 I report an example of parallel chart.[10]

Why reflective writing in medical education?

While in evidence-based medicine the randomized clinical trial is considered the gold standard, it also has increasingly pointed out the limitations of this research model in the (medical) education field. Nevertheless, experimental research suggests that reflective capacity may improve communication skills, empathy, collaboration and, more generally, professionalism.

In particular, reflective writing has be shown as a means to:

- Increase students' observational and reporting skills.[18]

Table 1. *Descriptions and perceptions.*[17]

Description	Perception
• The nurse administered the bolus injection, controlling the speed at which the drug was administered	• It seemed foolish to pretend to the family that this tumor carried a good prognosis
• *Factual description:* describing facts objectively	• *Perceptual description:* linking facts with their perceived meaning
• Giving evidence about clinical practice	• Grasping meanings from clinical practice
Clinical competence / Professionalism	

- Develop the critical metacognitive skills needed to effectively analyse and integrate clinical concepts.[14]
- Allow students/professionals to recognize changes in their performance.[18]
- Vent their feelings in relation to clinical experiences and to foster self-understanding and coping.[4]

Shapiro et al.[19] found that students who completed a "Point of View" writing exercise were able to express more empathy and insight, if compared to a control group. "Point of View" is aimed at teaching "how to write from a patient's emotional and social perspective about his or her illness and its consequences".[19] Nevertheless, the authors advised that empathic skills developed through writing may not translate into future professional behaviour.

In a recent systematic review on the impact of reflective writing on students'

Table 2. *An example of student's reflective writing.*[10]

So excuse my English because this is my second language so there is a problem. Um during a call in obstetric rotation I was called for a delivery of baby at 11 pm. As routine, when a pregnant woman comes to the ward the resident on call will take the history and physical exam and then, later on, the nurse can call the resident into the delivery when it's the time. This time I had no idea who is the pregnant woman. Not knowing her, I entered the room and saw a young and pretty lady in the delivery bed trying to push out the baby. I introduced myself and asked her if anyone is accompanying her. She said, 'No'. I could not see joy, fear, pain or even sadness in her face. The nurses were encouraging her to push harder. By this time my staff on call arrived. After about 10 minutes of labour, the baby's head was out. I was holding the baby's head, everybody saw the baby's head…cranium and…could not breathe. An on-call gynecologist shouted at me to raise the baby's head. I did, to suction the nose and mouth. The baby cried. We pulled the rest of the baby out of the mom's body. It was a boy. The Apgar score was not that good. It took about 2 minutes until the baby's color was a little pinkish but his cry, but his, but his cry was weak and raspy. I was worried. Everybody was, except the mom. She turned her head and looked at the other side. When she was asked if she wants to hold the baby, she nodded no. The nurse took the baby to the NICU [neonatal intensive care unit].

At that moment I had two different feelings. On one hand, I was proud of myself to deliver a baby. On the other hand, I was sad of seeing a new mom with flat emotion in her face and not wanting to even look at the baby. The gynecologist asked the mom if there is anyone you could call to come to the room. She said, 'I came by myself'. She said that she doesn't want to keep the baby and wants to put him for adoption. The gynecologist agreed to call the social worker for that matter. When he left I couldn't help myself asking more questions: 'Who is the father of the boy and does he know you are pregnant?' 'How come no one is with you?' She got pregnant after having a date. They broke up after. And the guy had no idea she was pregnant. She said, 'I think for adoption I should tell him about the baby' She was living with her parents at that moment. Her mom questioned her a couple of times about her big tummy. She denied the pregnancy. She had no prenatal care at all. That was, that day was the first time seeing a doctor for pregnancy, had no feeling for the baby and wasn't sure if she wants to tell her parents about the baby. I ask her, 'If, if you did not, if you did, didn't want the baby, why didn't do abortion?' She said she had talked to someone in supporting group for unwanted pregnancy and was told if she had an abortion she was facing more psychological consequences. I comforted her and came out of the room.

All the nurses and the staff were talking about her. I was very upset. Being a mom, I couldn't understand how come a person can let her baby go for adoption. I had to talk to someone. I called my husband. Almost tearful, but I was telling him this slowly, but it wasn't enough. I told one of the medical students about her. He is from India, with close contact to mine. I told him that I have hard time understanding one, why someone could ah be so irresponsible to let get pregnant in the first

time and then go through whole pregnancy and then put their own blood and flesh for adoption. He understands me, understood me. I always think of the worst scenario. What if the adopting family are not good enough for the baby? What if they abuse him, sexually or physically? How he would feel when he grows up? How long he would wonder about his mom and asking himself why his mom didn't keep him. For sure he always would wonder why his mom didn't like him because if she did she would not abandon him and one million more questions went through my mind at that night and the following day.

Two days later I saw the girl walking into another unit. She was changed. She was more energetic. I noticed a couple of people surrounding her. I heard somebody said to her, 'That is the best.' What was the best? A few hours later I saw her again, this time face-to-face. I ask her why she was still there. She said, 'The baby is in the NICU and we have problem feeding him'. I looked at her and asked, 'What do you want to do about the baby?' She proudly said, 'I will keep him'. I could not believe what I heard. Not thinking that this isn't professional, I hugged her and told her that was the best thing she could do. Obviously, she called her parents. They all supported her and wanted to keep the baby.

A few days later, we, the residents and students, were talking about interesting cases we had. I told them this story and how I felt when I knew the baby was going for adoption and how I preferred to have abortion than adoption myself and why not her. One of the female residents commented, not very friendly: 'You can't judge people. You don't know why she did that. She had her own reasons. Did she? I thought about what she said. She was right. I never had unwanted pregnancy and I never did abortion. I did not know about her family situation, religious, culture, or economical situation. Not everybody had financial and emotional support. Why did I think that she had no feeling for her baby? Of course she had. She was suppressing it. I learned my lesson. I'm not going to judge a person based on what I observe. You always see the tree, not the roots. I will pay more attention to the roots.

empathy, Chen and Forbes[20] stated that very limited quantitative data prove that reflective writing has an impact on clinical skills or future wellbeing. On the other hand, the aforementioned study from Shapiro et al.[19] found improvements in students' empathy, ability in self-reflection, cultural competency and communication skills. Yet, it should be noted that these research papers were different in study design and type of intervention (reflective writing), and used different instruments to measure empathy. Chen and Forbes[20] concluded that further research is

needed on the empathy outcomes following reflective writing interventions, which are likely to have a profound potential in developing physician wellbeing and, therefore, patient outcomes.

Reflective writing: essential steps, examples, and common errors

Shapiro et al.[4] proposed a two-phase model of reflective writing in medical education, composed of a writing and a reading phase. The authors state: "writing is a solitary act", therefore students/professionals should be initially invited to write alone, after their (clinical) experience, undertaking a disposition that allows questioning and uncertainty. In the process of writing, learners can go back to their experience and look at it in a wider manner and/or according to other perspectives. In this practice, students/professionals may "become more confident about exploring the voices of patients, patients' family members and others".[4]

At the same time, in the process of writing, learners have a chance to fully express their emotions. This task can be very challenging. Accordingly, Wear et al.[7] suggested to start the process of writing with a "pre-writing exercise" prior to any formal pre-clinical/clinical writing. For example, first year medical students can be asked to reflectively write about a person, an episode and/or an experience that had an influence on their choice of applying to a medical school. Even so, Wear et al.[7] have pointed out that reflective writing should involve a certain degree of interrogation of students' experiences; furthermore, the experiences students write about should be puzzling and promote broader understanding and possibly transformative learning.

Therefore, students can be invited to write[17]:

- What they think/understand about a meaningful episode / a meaningful experience.
- What they believe about that experience.
- What they feel about that experience.
- What competing perspectives or accounts exist about the experience they wrote about.
- What they have learned.

Table 3. *Examples of reflective writing prompts in medical education.*[21]

- Record the chief complaint of a memorable case. Then, recall the case from the patient's perspective.
- Reflect on the scene the first time you saw someone diagnosed with a serious illness.
- Describe something you know now that you wish you had known at the beginning of the year.
- Describe a time that you saw a tense situation diffused.
- Describe a time someone trusted you during clerkship.
- Reflect on a lesson you were taught by one of your patients.

I report some examples of reflective writing prompts in Table 3.

The second phase of the writing process consists of reading and listening.[4] In order to develop all the potentialities of that process, learners should share and discuss their writing with peers and/or a mentor, choosing a level of self-disclosure that is not excessively embarrassing or painful. In fact, as Mann et al.[13] stated, mentors are "key to reflection and are factors that learners perceived to be beneficial". In this sense, as suggested by Charon and Hermann,[9] "writing is not a solitary act". Mentors should never be judgmental and should promote a learning context characterized by peer learning, teamwork, trust and care. They should also advise students, in order to avoid some common errors in reflective writing such as:

- To think about possible subjects and opportunities for reflective writing only after placements.
- To write too informally (just because it is based on experience, it does not mean they should ignore the academic context in which writing will be shared).
- To write in too little or too much detail (students need to analyse and evaluate the events, while the reader

needs to be given just enough detail allowing to understand the situation).

- To write trying to guess what the listener would like to hear.
- To be judgmental (e.g. moralizing about people's behaviour).

In order to support students in their reflective writing, some fundamental rules can be set, as part of a shared learning contract. For example:

- Reflections are neither right nor wrong. Writing is simply a space for reflection and self-expression.
- Everyone is encouraged to write using his/her own voice and style. The writing style will be not corrected.
- Everyone will share the writings he/she feels safe to share, confidentiality will be strictly regarded.
- The shared writings will be discussed in a respectful and non-judgemental tutorial.
- Students will not be penalized for weaknesses or lapses in their reflections.
- Feedback will be provided on the writing process and not on its contents.

Sharing such rules can be a fundamental strategy to create a "safe" and supportive learning environment, where students can feel free to disclose their sense of vulnerability and, therefore, to empathize with patients' vulnerability.[4]

Medical students' reactions to reflective writing

While some studies have pointed out that medical students/residents appreciated reflective writing,[22] others have revealed that students often consider such activity as irrelevant or a waste of time.[18] Nevertheless, even if opinions on reflective writing effectiveness may be contrasting, advice from the UK General Medical Council is clear: doctors should regularly reflect on their performance. Therefore, the issue under discussion is not the utility of reflective writing, but how it should be implemented and supported.

It has recently been highlighted that some applications of reflective writing have taken an excessively instrumental approach to the evidencing of reflection and, while they have provided useful

templates or framing devices for recording individualistic reflective practice, they potentially have distorted the original intentions.[9] Furthermore, as reported by Daniel Furmedge,[23] a British MD, a misuse of reflective writing has been registered when a trainee had been asked to release a reflective log from his/her portfolio for use in a legal case. This falls in contradiction with the basic rules of reflective writing, in which confidentiality should be strictly regarded. While mandatory reflection is growing in education and reflective accounts are reviewed and marked in some universities, there has been a general concern that "the requirement for reflection has distorted the original intentions of meaningful reflective practice". Furthermore, no study has yet demonstrated any effect of reflection on learning,[13] nor, therefore, on the medical practice or in the improvement of patient outcomes. This might be the reason why, in the US, reflective writing is actually incorporated to the formal curriculum in only a few cases.[18] Many scholars advocated for further research, which will "help identify whether there are long-term effects from such instructional activities".[18]

Conclusive thoughts

In 2012, Charon and Hermann[9] wrote: "The field of reflective writing in medical education is at a most productive and perilous stage. Those who study and teach reflective writing hover somewhere between epiphany and proof, knowing they are on to something important for medical education but having yet to establish what, in fact, the field can do or how it does it."

Educators, who have practiced reflective writing with students and/or professionals, may have experienced that "something important" happened in those situations, especially when students and professionals clearly demonstrated to have fostered their subjectivity and professional identity.

Nevertheless, the value of subjectivity is hard to be recognized in a world where objectivity and evidence is the mainstream. Educators should not adhere to that mainstream, transforming reflective writing in a new discipline, which adds further work to the burdened medical student. Furthermore, they should avoid an

assessment of students' writing based on checklists or strictly pre-defined categories.

Quite the opposite, reflective writing activities should value the process of writing in itself, that is crucial for the development of professional identity. As we can see in the example reported in Table 3, the resident is searching for "a kind of narrative coherence in her stories to live by, in effect, for her professional identity".[10] In light of the evolution of medicine and the relieved incapacity, especially of doctors, of remaining connected to the patients, the others, and themselves, I think it is pivotal to foster spaces in which students/professionals can deliberately tell and share their stories, finding differences and resonances, a process that Bateson considered the basis of wisdom. More importantly, students/professionals should not be forced to participate in those activities, since this may create disappointment and rejection of reflective writing.

Reflection is a vital part of adults' lifelong learning and it deserves to be taught properly rather than used as a "box-ticking exercise". This is a new pedagogical challenge in medical and healthcare professional education and I hope all of us will be able to take up this challenge.

References

1. Charon R. Reading writing, and doctoring: literature and medicine. Am J Med Sci. 2000; 319:285-91.
2. Pennebaker JW, Segal JD. Forming a story: the health benefits of narrative. J Clin Psychol. 1999;55:1243-54.
3. McKenna KM, Hashimoto DA, Maguire MS, Bynum WE. The missing link: connection is the key to resilience in medical education. Acad Med. 2016;91:1197-9.
4. Shapiro J, Kasman D, Shafer A. Words and wards: a model for reflective writing and its uses in medical education. J Med Humanit. 2006;27:231-44.
5. Novack DH, Epstein RM, Paulsen RH. Toward creating physician-healers: fostering medical students' self-awareness, personal growth, and well-being. Acad Med. 1999;74:516-20.
6. Schön DA. Educating the reflective practitioner. San Francisco: Jossey-Bass; 1987.
7. Wear D, Zarconi J, Garden R, Jones T. Reflectioning/and writing: pedagogy and practice in medical education. Med Humanit. 2012;87:603-9.
8. Boud D, Keogh R, Walker D, editors. Reflection: turning experience into learning. London: Kogan Page; 1985.
9. Charon R, Hermann N. A sense of story, or why teach reflective writing? Acad Med. 2012;87:5-7.
10. Clandinin DJ, Cave MT. Creating pedagogical spaces for developing doctor professional identity. Med Educ. 2008;42:765-70.
11. Wald HS. Professional identity (trans)formation in medical education: reflection, relationship, resilience. Acad Med. 2015;90:701-6.
12. Wald HS, Reis SP. Beyond the margins: reflective writing and development of reflective capacity in medical education. J Gen Intern Med. 2009;25:746-9.
13. Mann K, Gordon J, MacLeaod A. Reflection and reflective practice in health professions education: a systematic review. Adv Health Sci Educ Theory Pract. 2009;14:595-621.
14. Mamede S, Shmidt HG, Penaforte JC. Effects of reflective practice on the accuracy of medical diagnoses. Med Educ. 2008;42:468-75.
15. Charon R. The reciprocity of recognition —what medicine exposes about self and other. N Engl J Med. 2012;367:1878-81.
16. Charon R. Narrative medicine: honoring the stories of illness. Oxford: Oxford University Press; 2006.

17. Price B. Effective learning number 11: writing reflectively. Nursing Standard. 2003;(17).
18. Cowen VS, Kaufman D, Schoenherr L. A review of creative and expressive writing as a pedagogical tool in medical education. Med Educ. 2016;50:311-9.
19. Shapiro J, Ricker L, Boker J, Lie D. Point-of-view writing: a method for increasing medical students' empathy, identification and expression of emotions and insight. Educ Health (Abingdon). 2006;19:96-105.
20. Chen I, Forbes C. Reflective writing and its impact on empathy in medical education: systematic review. J Educ Eval Health Prof. 2014;11:20.
21. Moniz T, Arntfield S, Miller K, Lingard L, Watling C, Regehr G. Considerations in the use of reflective writing for student assessment: issues of reliability and validity. Med Educ. 2015; 49:901-8.
22. Arntfield SL, Slesar K, Dickson J, Charon R. Narrative medicine as a means of training medical students toward residency competencies. Patient Educ Couns. 2013;91:280-6.
23. Furmedge D. Written reflection is dead in the water. BMJ Careers. 2016; 20 june. Available at: www.careers.bmj.com/careers/advice/written_reflection_is_dead_in_the_water#