Reflection

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Intended Learning Outcomes

• Understand the domain of “attitude” as it applies to health professions education

• Describe ways to foster the learner’s growth and development within this affective domain
What is ‘affect’ or ‘attitude’

- Beliefs
- Judgments
- Understandings
- Views
- Values

- Professionalism
- Respect
- Opinion
- Emotion
- Evaluation
Relationship to Health Professions

• We have our individual beliefs, values, and understandings
  – Formed by our circumstances and world-views
  – May not be at all similar or familiar to those of our patients/clients

• How do we help our learners make sense of these differences?
Cognitive Dissonance

• Individuals prefer their thinking, beliefs, and understandings to be consistent and in sync
• When confronted with conflicting ideas or beliefs, individuals become uncomfortable
• This dissonance stimulates some sort of change to re-establish equilibrium
The purpose of affective ILOs

• Growth, development, or maturation of our learner

• Creating normative behaviors or skills
  – “compassionate care”

• Habits of mind or patterns of reasoning
Rebalancing Dissonance

• Thinking versus behavior
• Who’s “truth” ???
  – socio-political dimensions
  – economic dimensions
• Agreed upon professional standards
Teaching, Guiding, Supporting

• Sense making of dissonant or difficult things
• Role of reflection
  – Deepen understandings
  – Engage emotional understanding
  – Process complex events
  – Challenge own assumptions
Reflection to:

• Stimulate learning or self-regulated learning
  – Metacognitive requirements

• Develop good therapeutic relationships with patients/clients

• Develop professional or expert practice
  – Create ‘illness scripts’
  – Kolb’s experiential learning cycle

Sandars. The use of reflection in medical education, AMEE Guide No. 44
Pedagogical strategies

• Telling stories
  – Patient experiences
  – Exemplars
  – Sub-standard performers
• Creating learning portfolios
• Writing journals
• Engaging in artistic expression