APR 2024
ISSUE 04

IN THIS ISSUE:

Reflection: "The power of metacognition — thinking about your thoughts"

News bulletin of AMBI
West Bengal Chapter

The Biochemistry Chronicles

Reflection: "The power of metacognition – thinking about your thoughts"

Introduction

Although reflection was not part of the old MBBS curriculum, NMC has added it as an essential part of the AETCOM module. MBBS students are expected to develop self-directed learning skills and report on their reflections on different case scenarios, as given in the module.

According to Gibbs (1988), having experiences is insufficient to learn. Without reflecting on these experiences, they would be quickly forgotten. The feelings and thoughts generated by this reflection create concepts.

There are various definitions of reflections:

A generic term for those intellectual and affective activities in which individuals engage to explore their experiences to lead to a new understanding and appreciation (Boud et al, 1985)

A form of mental processing with a purpose and or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is no obvious solution (Moon 2004)

Last but not least, Sanders (2009) provides a most appropriate definition: a metacognitive process that occurs before, during, and after a situation to develop a greater understanding of both the self and the situation so that future encounters are informed by previous encounters.

What is a reflection?

- Deep, personal evaluation of an experience
- Account of the thoughts and emotions associated with the experience
- First-person account written in active voice
- Manifestation of the state of mind of the writer in all honesty
- Evidence of learning and future action plan

What Reflection is NOT

- Summary of the experience, escribing various factual details
- List of the obvious learning points from the experience
- General interpretation/feedback on behalf of an entire group or team
- Fictional or literary piece of art to describe the experience
- Record/documentation of a task performed / experience attained

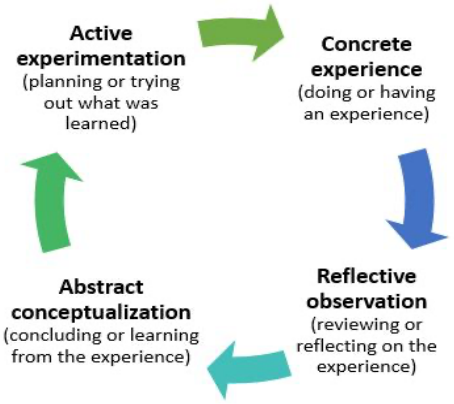
How is it different from a narrative?

Reflection is more formal and academic writing that emphasises the "so what" and "what next" rather than what happened. Narratives can take the form of reading, writing, telling, or listening to stories of illness.

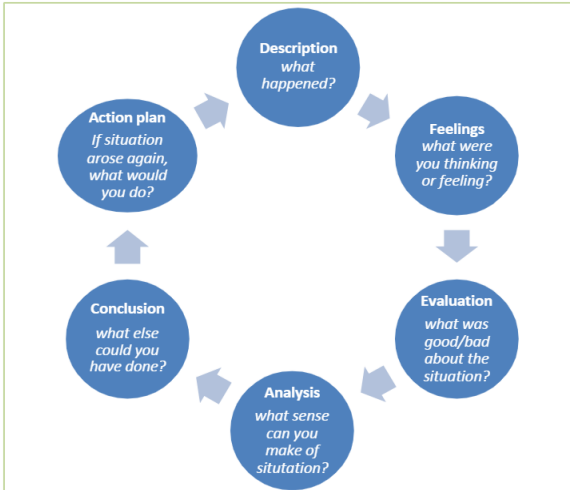
Reflections can be done in structured and unstructured formats.

Examples of structured reflection:

1. The Experiential Learning cycle from Kolbe Reflection is seen in Stage 2. Reflective observation indicates the stage where the subject tries to make sense of and internalize the new insights he has developed, following which he changes his professional practice.



In the year 1988, Gibbs gave a more structured six-stage model of the reflective cycle.



Stage 1: Description of the event in terms of what, where, context, and your and others' roles.

Stage 2: Your feelings at the beginning and during the clinical encounter: How did others' actions and the outcome affect your feelings?

Stage 3: Evaluation of the experience regarding what was good and evil and why.

Stage 4: Analysis by breaking all the components into small events

Stage 5: Conclusion by trying to make sense based on previous stages. What are the learning and insights you have developed

Stage 5 Action Plan: Think and plan what you would do if you encountered a similar situation again

2. In the AETCOM Module, NMC has taken a more simplified three-stage model (Rolfe et al, 2001)

What happened? (The experience) So What? (The implications) What next? (The Action Plan)

Now the question comes:

WHY Reflection, and what is the big deal?

Reflection is a way to learn, unlearn, and relearn.

Reflection is necessary for learning. Various exposures help in learning, forming new interpretations that can also challenge existing knowledge. Reflection is also necessary to develop a good doctor-patient relationship. This gives the patient a sense of well-being and satisfaction and improves medication compliance. Reflection is also needed for professional growth. A doctor who habitually reflects on action can develop reflection on action, which enhances

decision-making, problem-solving, and academic development.

By definition, one who is not habitually reflective in daily practice may not be competent in the true sense.

Barriers to conducting reflection can be divided into two main categories

a) Students: not trained, not interested, think it as a waste of time, lack critical thinking.
b) Teacher: difficult to provide feedback to students, not trained to teach practice and assess.

How to overcome:

a) Faculty development programmes with workshops and hands-on exercises
b) Students' sensitization by seminars, group exercises
c) Use reflections and portfolios for formative assessment

Assessment of reflection:

The evaluation of reflection is challenging as

1. It is perceived to be complex and laborious with the overwhelming volume of reflections generated.

2. The student's vulnerability in sharing their innermost thoughts.

3. Concerns about the originality and authenticity of the written reflections.

4. Reflections do not have a standard answer; they are unique to a student

Some suggestions on how to assess reflections:

1. A reflection station can be set up after the history-taking session in OSCE.
2. An assessment in the OSCE (Objective Structured Clinical Examination) format has been outlined. The clinical interview station is succeeded by a 15-minute reflective dialogue. Raters utilize structured questions to evaluate the examinees' reflective capacity during the interview.
3. Portfolios are where the students can document their experiences and achievements and write reflections on them to showcase new learnings. The experiences can be in the form of seminars, projects, case presentations, critical incidents, and research activities like STS projects.

Another pertinent question for formative purposes is whether teachers should assess reflections at all. Reflecting is an individual activity that promotes self-assessment and growth and may involve deep personal thoughts that the student may not be comfortable sharing with others.

The assessment should not be too stringent, lest the students be tempted to copy-paste.

To address this dilemma, it is suggested that not all reflections be assessed. The primary purpose is to get the students to reflect on their learning. *To further simplify the task, the number of reflections can initially be limited to 3-5 per subject per year.*

Conclusion:

With the advent of CBME in India, we must instill in students the habit of reflecting and assessing their work to provide formative feedback. This can be achieved to the fullest extent if CBME is seamlessly incorporated into the MBBS curriculum.

Bibliography:

1. Gibbs G. Learning by Doing: A Guide to Teaching and Learning Methods. Thousand Oaks: FEU;1988.
2. Sandars J. The use of reflection in medical education: AMEE Guide No. 44. Med Teach. 2009;31:685-95.
3. Rolfe G, Freshwater D, Jasper M. Critical Reflection for Nursing and the Helping Professions: A User's Guide. 1st ed. Basingstoke: Palgrave MacMillan; 2001.
4. Shah N, Gupta P, Singh T. Reflection: A Tool for Learning and Assessment in Competency-Based Curriculum. Indian Pediatrics VOLUME 61;AUGUST 15, 2024.
5. Kapoor A. 'Reflection', in *Humanities in Medical Education* [2nd ed] by Rajiv M, Tejinder S. (CBS,2023) pp 185 -199, eISBN 978-93-546-6650-6.

Prof. (Dr.) Joya Ghosh
Convenor, regional Centre
NMC Regional Centre
ESIC Medical College, Joka
Kolkata - 700104