

Developing Equanimity Through Critical Reflection and Creative Expression

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BACKGROUND

Competencies like professional identity and character formation are crucial to address in medical training. Trainees must learn how to think about important events and derive meaning from them to process experiences, change behavior and set goals for improvement.

Critical reflection occurs when self-analysis is applied to:

- Recognize the benefits of change, including future plans and actions
- Recognize how actions may be viewed from multiple perspectives
- Understand how actions are influenced by external factors

Reflection has previously been used to foster professional identity formation (Ng, 2015). Documented benefits of reflection include the ability to develop self-awareness, emotional intelligence, cultural humility, and professional identity. It has been shown to increase empathy and compassion, change attitudes and behaviors, and increase learning and thoughtfulness (Fragkos, 2016; Sandars, 2009). Previous studies have used several methods to assess reflection and suggest reflection should be integrated and process-based (Platt, 2014).

Standard guidelines for using critical reflection within the MCW curriculum currently do not exist. With these principles in mind, we designed our project with the goal of establishing recommendations for developing reflective skills throughout medical training.

HYPOTHESIS

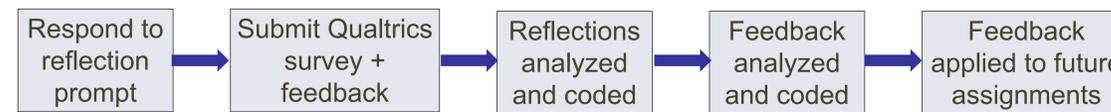
We hypothesized that critical reflection can help develop self-awareness and cultural humility in medical trainees.

SPECIFIC AIMS

1. Assess perceptions of learners exposed to critical reflection assignment.
2. Apply student perceptions to establish recommendations for using critical reflection within the MCW curriculum.

METHODS

- In August 2020, all M2 learners enrolled in the FPP/MSS unit responded to the prompt **“How is skin tone relevant to the care you provide as a future physician?”**
- Reflections were submitted anonymously and subsequently assessed for themes in writing and in feedback regarding the assignment structure.
- To assess student perceptions of this assignment, students were asked:
 - “To what extent did you feel comfortable expressing yourself honestly in this format?”
 - “Please take a moment to tell us how you felt about the overall assignment: what was effective and where are areas for improvement?”
- Feedback from this pilot was applied to design a series of reflection assignments aimed to develop critical reflection skills.



RESULTS

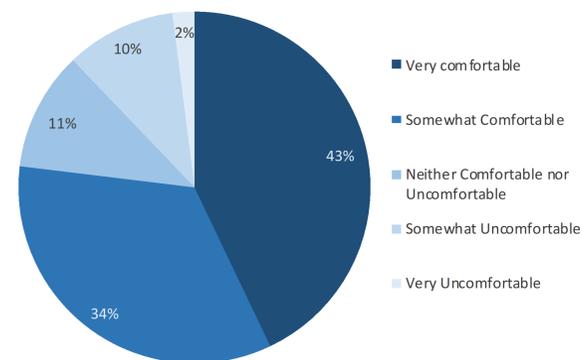


Figure 1. Student feedback responding to the question: How comfortable did you feel expressing yourself in this format?

- Key Takeaways:**
- Most common word was “think” (98)
 - Students appreciated the assignment
 - It gave them space to think and reflect
 - Majority of feedback was positive

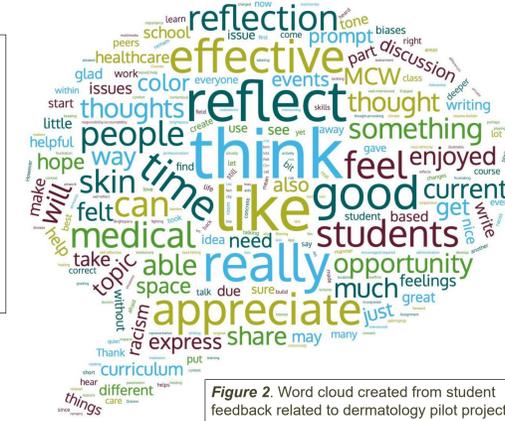


Figure 2. Word cloud created from student feedback related to dermatology pilot project.

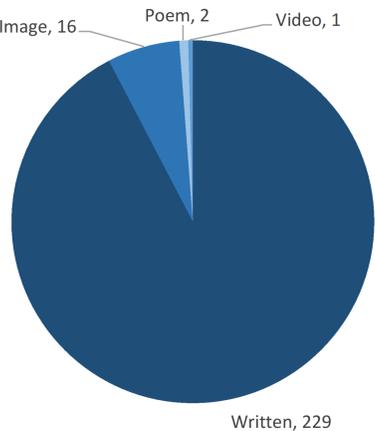


Figure 3. Response types received from dermatology reflections pilot project

Representative Reflections:

- “I can listen. I can practice perspective taking. I can recognize and identify emotion and connect with that feeling. I can build trust over time. I can keep doing the work. Of digging deeper. Identifying biases I still have. Working to make healthcare more accessible for all.”
- “Thank you for incorporating this into the curriculum. MCW needs to do more about having conversations about race especially when training physicians who will be seeing a diverse patient population.”
- “Though I certainly do not have all of the answers regarding how our healthcare system can repair itself and regain the trust of minorities, I believe honest reflection, transparency and representation are necessary places to start.”

Examples of Student Feedback:

- “I really appreciated this in conjunction with the entire skin unit that we started this week. I felt seen and felt like I had a space to be heard. It means a lot that this is a formal part of the curriculum...”
- “I have had this particular reflection on my heart for a long time, but I think if I didn't, the prompt was pretty vague. It might help to have a prompt option that is more specific for people that are having a hard time knowing where to start.”
- “I feel a real in person or virtual discussion should be had.”

CONCLUSIONS

Student reflections showed a wide range of experiences among our learners. This demonstrates the importance of developing the skill of processing one’s own thoughts and actions, including understanding their role within the larger medical system (Sandars, 2009).

Students appreciate the space to anonymously process and discuss their perceptions when it comes to difficult issues facing society, without fear of repercussions. Most students completed written reflections, while some opted for other forms, suggesting that reflection looks different for everyone (De La Croix, 2018; Vivekananda-Schmidt, 2011).

The use of critical reflection can generate changes in perspective and may foster cultural humility learning (Ng, 2015).

RECOMMENDATIONS

- Based on our findings, we recommend:
1. Expectations for assignment should be clear to students.
 2. Reflection assignments should allow learners to express themselves honestly and creatively.
 3. Feedback should be provided for all reflection assignments, whether individual or aggregate.

REFERENCES

1. De La Croix, A. and M. Veen (2018). “The reflective zombie: Problematising the conceptual framework of reflection in medical education.” *Perspectives on Medical Education* 7(6): 394-400.
2. Fragkos, K. (2016). “Reflective Practice in Healthcare Education: An Umbrella Review.” *Education Sciences* 6(4): 27.
3. Ng, S. L., et al. (2015). “Reclaiming a theoretical orientation to reflection in medical education research: a critical narrative review.” *Medical Education* 49(5): 461-475.
4. Platt, L. (2014). “The ‘wicked problem’ of reflective practice: a critical literature review.” *Innovations in Practice* 9(1): 44-53.
5. Sandars, J. (2009). “The use of reflection in medical education: AMEE Guide No. 44.” *Medical Teacher* 31(8): 685-695.
6. Vivekananda-Schmidt, P., et al. (2011). “Lessons from medical students’ perceptions of learning reflective skills: A multi-institutional study.” *Medical Teacher* 33(10): 846-850.

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