



## FINAL REPORT

### INTRODUCTION

(to include the aims and objectives of the project and the QA priority/needs/problems that it addresses)

This project was entitled, '*Reflecting on Reflection; Examining Students' Views of the Nature and Role of Reflective Practice in the UCLMS Curriculum*'.

Reflection is an active process occurring before, during and after situations to develop a greater understanding and to inform future encounters. The General Medical Council (GMC) recommends all doctors adopt reflective practice. As both an important step in Kolb's learning cycle and influence on future learning, reflection is shown to help develop the therapeutic relationship, professional practice (Sandars 2009) and resilience (Wood 2016). A recent feedback poll of 296 UCL medical students across 5 years of study (using a Student Evaluation Questionnaire) showed 76% found small group work to be the most helpful method of reflection. Only 9% of students found written assignments, which form the majority of reflective assignments at UCL, to be useful.

In the clinical years, there is limited small group work reflection, however, "Schwartz Rounds" have recently been introduced. These are a large group forum for discussion of emotionally challenging clinical cases and themes, using narratives told by a panel of healthcare professionals. Written reflection can be viewed unfavourably by medical students as an "assessment" of their inner thoughts, sometimes felt to be unrelated to their current learning (Sandars 2009). In addition, a recent court case, where a junior doctor's reflective log was used as evidence, has raised concerns over whether this is an outdated medium putting both trainees and educators at risk (Furmedge 2016). The GMC has responded to these concerns by emphasising the need for reflection to occur in a confidential, safe and open setting. The need for us to re-design our reflective curriculum, therefore, comes from both student preferences and professional guidance.

The overall objective of the project was to improve medical students' engagement in reflection achieved through better alignment of reflective activities to students' learning preferences and needs. We aimed to reach this objective by investigating four main items:

- How naturally reflective UCL clinical medical students are
- Which methods of reflective practice students' find useful and why
- Exploring why medical students may not find written reflection to be useful
- Whether medical students find the curriculum fit for purpose with regards to reflective practice

The QA priorities this project met were: Feedback to students on their performance, student experience, addressing the 'hidden curriculum' and improving students' experience of 'belonging' at UCLMS.

Sandars, J. (2009) The use of reflection in medical education: AMEE Guide No.44, *Med Teach*, 31:8, 685-695

Wood, D. (2016) student well-being and the development of resilience. *Med Educ*. 50: 3-23

Furmedge, D. (2016) Written reflection is dead in the water. *BMJ careers*. [online]

[http://careers.bmj.com/careers/advice/Written\\_reflection\\_is\\_dead\\_in\\_the\\_water](http://careers.bmj.com/careers/advice/Written_reflection_is_dead_in_the_water)

Lintz, K et al (1998) Schwartz Center Rounds. A Staff dialogue on phase 1 trials. *Oncologist* 3(5): 357-364

## SUMMARY OF THE PROJECT

(to include the individuals involved, the stages of the project and how the funds were allocated and spent)

The project took the form of mixed-methods research. Students in the 5<sup>th</sup> year of medical school (those who have been exposed to all methods of reflection UCL offers) were invited to take part in a questionnaire and focus group (approx. 60-90 minutes in total).

The questionnaire, designed by both students and staff, involved non-identifiable demographics, a validated questionnaire to assess reflective ability (Self Reflection and Insight Scale (SRIS)) and Likert score questions rating different methods of reflection. Eleven participants completed the questionnaire followed by a peer-led focus group.

The focus group were asked various questions to assess their attitudes to reflection. These were:

- Can you briefly tell us a bit about yourself and what brought you to this focus group?
- What do you understand by reflective practice and its purpose?
- What do you understand by reflective practice?
- Over the last five years at medical school do you think you've become more or less reflective and why?
- Which methods offered at UCL have changed or developed your reflective practice the most?
- If you could change one thing about the reflective practice curriculum, what would it be and why does it need changing?
- Is there anything else we've missed?

The focus group was transcribed using an online provider (Way with Words). Transcriptions were analysed thematically by two independent student-researchers. Sub-themes were then collated and discussed as a research group before themes were finalised.

Project stage	Description	Date for completion of stage
<b>Ethical approval</b>	Approval from UCL REC (chair's action only)	10/03/2017
<b>Data collection</b>	Student-led focus groups and questionnaires	23/03/2017
<b>Data analysis</b>	Student-led analysis of qualitative and quantitative data	May-June 2017
<b>Recommendations for change</b>	Write up of data and recommendations for changes to reflective practice curriculum	June-July 2017
<b>Presentation of work</b>	Depending on applicability of findings, work may be presented as academic posters or publications	July 2017 onwards

Expenditure Description	2017 £
Amazon vouchers (focus group reimbursement)	
Lunch for participants	
Transcription (Way with Words)	
Amazon voucher (for final year student's work)	
To be retained for stationary (printing for poster presentations) and for conference attendance	
<b>TOTAL</b>	

## EVALUATION OF THE PROJECT

(to include the project outcomes, its contribution to the quality of the MBBS programme and any future developments)

A key outcome of this project was the ability to co-design the reflective curriculum, using learners and teachers to better reflect student preferences and needs, with the overall improvement in students' experience.

The results were as follows:

- Likert scale responses revealed students preferred Schwartz Rounds as the most useful means of reflection, followed by small group work then Balint. The least useful were written assignments.
- A 'Self Reflection Index Score' (SRIS) questionnaire revealed our participants were highly reflective with a mean overall score of 79.1 (max 100).

Thematic analysis of the focus group revealed overarching themes of '*Engagement*' and '*Format*':

- Engagement was affected by both positive and negative pre-existing attitudes to reflection and internal and external motivation.
- Examples of pre-existing attitudes include, "Written work is not a natural place to reflect", "Reflective work is met with despair", "Reflection is not easy" and "Students do not realise the importance of reflection."
- Internal Motivators include, "[Reflection] prepares us for upsetting scenes", "It develops us as professionals" and "All doctors need to reflect on their actions". External Motivators include, "Reflection is seen as this annoying thing that you have to do."
- With regards to the format, participants mostly compared written reflection to other formats such as small group work and Schwartz Rounds. Additionally, they compared the types of feedback they received from the different formats.
- Examples of different formats include: "Feedback from friends and other doctors helped me develop my reflective practice" and "You don't have to engage with written work, you can just do it".
- On the matter of feedback, students' views ranged from the applicable nature of feedback on reflection – "It is inappropriate for someone to grade my reflection." – to the different types of feedback they received from the different formats and which was the most useful; "Reflecting on feedback from others will help change the way you behave and act."

In general, there was a preference for discussion-based reflection, but participants felt written reflection was important for encouraging all students to reflect and links to postgraduate portfolio reflection.

The research group acknowledges the students in this study were self-selected and therefore likely to be motivated and interested in reflection. This is confirmed by higher than average SRIS scores. However, the project has produced useful recommendations applicable to all students which can be implemented and evaluated further. These recommendations were brought out from the analysis and directly from the students themselves.

### Recommendations

- Pass/fail grades only for written reflection.
- Try to facilitate more group reflection in clinical years.
  - Suggestions were that this could be done by students.
  - Ideally more Balint (this could be compulsory for 1 or 2 sessions as an introduction to try and involve more people).
- Support for reflection in written work, either by 'drop-in' sessions or more detailed feedback on the students' work.

- Try to link hospital and patient exposure more with reflective assignments rather than setting deadlines for pieces of written work. For example, by incorporating reflection into modules specifically.
- Holding 'An Introduction to Reflection' so that its importance and usefulness (not just you have to do it as a doctor) can be explained to students. This could be integrated at the beginning of the 4<sup>th</sup> year. Students also suggested that this should have examples showing the human side of reflection and the medical school.

Taking these suggestions on board and adapting the curriculum with emphasis on the fact that these changes were brought about by interaction between students, student researchers and staff should enable a feeling of ownership over the students' curriculum contributing to an overall sense of belonging.

The project will be continued into future years with student leads influencing and evaluating the changes made.