PRoFESSIONAL DEVELOPMENT

REFLECTING ON REFLECTION: DEEP LEARNING OR MEDICAL NARCISSISM?

Medical Oncologist Associate Professor Matthew Links delves into self reflection: what can we learn from our experiences?

It was a ‘difficult case’, a 36-year-old man with metastatic lung cancer desperately sick with pain from bony metastases – bad news. He turned out to have a mutation where we could offer some targeted therapy with an excellent chance of response – some good news. At the same time he had the most terrible pain, despite the best efforts of the palliative care team, requiring high-dose steroids and perhaps an intrathecal catheter – very bad news. Celebrating his daughter’s first birthday in hospital didn’t help. Things got even more complicated when he developed pneumocystis pneumonia (yet more bad news) and deteriorated despite early institution of appropriate antibiotics. He developed respiratory failure and then died within six weeks of diagnosis.

How is one to respond? All involved felt devastated. There were so many difficult decisions. What was to ‘blame’ for his death – what could we have done differently?

- Reduced the steroids more quickly?
- Referred for an intrathecal catheter earlier?
- Did the chemotherapy contribute?

Complex questions with no answers and much distress.

Fortunately, we have an excellent team who debriefed and provided emotional support, but this didn’t feel enough. As the physician responsible, could I have done better? As a medical expert, as a communicator, as a team member: Was there room for improvement? How do I reflect productively and not ruminate? What was there to learn from this experience?

The reflection framework came to mind – ‘what happened, so what, what next?’

After thinking and reading around the questions above, my thoughts went to Donald Schon’s work on double loop reflection. Although there was much to learn about the individual case, there was more to learn about the way we organised our system. Do we use interventional pain techniques early enough? Should we consider prophylaxis for palliative care patients on high-dose steroids? What implications does this have for policy? This was the second loop of double loop learning.

But the issues go deeper: how do we structure our learning from these sorts of incidents? This led to thinking about a structured approach towards using critical incidents to improve our professional performance – a third loop of reflection.

I am left with many questions: perhaps this is intellectualising a process that really required a good cry! Is reflecting on reflection too much? But there is no doubt in my mind that this process exemplifies deep learning. It came from a clinical experience and the distressing gap between what happened and what I wanted to happen.

The literature informs what we can learn, and application of new knowledge to the experience leads to new ways of doing things – trying this out leads to new experience – and the cycle continues.

References

Further reflection resources and templates can be found on the SPPP webpage, together with information on how SPPP and self reflection can reward you with CPD credits: www.racp.edu.au/page/sppp.
REFLECTION MODEL – WHAT HAPPENED, ANALYSIS, MAKING GENERALISATIONS, PLANNING FUTURE ACTION

Documenting your reflections and any subsequent professional development is essential. Reflective writing has the advantage of capturing both documentation and your reflections at the same time.

Figure 1 shows one model which you might like to use to document your reflections.

This model encourages you to consider specific situations and your response(s) to them.

Guided reflection questions and/or prompts:

What happened?

Analysis (of event, difficult case etc.):

Making generalisations:

Planning future action (What will I do differently next time? What learning or professional development do I need to focus on for a better outcome?):

Was the self reflection useful?

<table>
<thead>
<tr>
<th>Time spent on reflection:</th>
<th>_______________ minutes</th>
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<tr>
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Documented reflective practice is currently claimable in MyCPD under Category 5: Practice Review and Appraisal at 3 credits per hour.

Looking for more information? The SPPP Guide, together with the most up-to-date information regarding professionalism and self reflection, is available to all Fellows and trainees electronically via the RACP website: www.racp.edu.au/page/sppp.
REFLECTION MODEL – WHAT, SO WHAT, NOW WHAT?

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Guided reflection questions and/or prompts:

**Do it** (events that trigger reflection may be based on clinical incidents, difficult cases, or a feeling of discomfort arising from being outside your professional comfort):

__________________________________________________________________________

__________________________________________________________________________

**What?** (What happened? What were the results?):

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__________________________________________________________________________

**So what?** (What do these results imply? How did I influence the outcome?):

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__________________________________________________________________________

**Now what?** (What will I do differently next time? What learning or professional development do I need to focus on for a better outcome?):

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