

Reflection to Improve Learning and Practice

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20. Evaluate contemporary and emerging models of oral healthcare delivery, understand dentistry's role in the larger health care system and strive to reduce barriers to care.
21. Collaborate with the **interprofessional** health care team to improve oral-systemic health, enhance the **patient experience** and reduce risk.
22. Evaluate and implement current and emerging technology to diagnose, prevent and treat disease.
23. Engage in ongoing **quality assurance** to improve patient outcomes.
24. Behave **professionally**: manage personal behavior and performance in accordance with standards of the school and the profession.
25. Practice in accordance with current local, state and federal laws and regulations.
26. Demonstrate ongoing **reflection, self assessment**, continuous learning and professional development.
27. Demonstrate healthy coping and **self care** strategies.
28. Participate in professional activities to promote the profession and serve individuals and communities.

(final, approved by curriculum committee, Jan. 25, 2018)

Pacific Dugoni competency statement #26

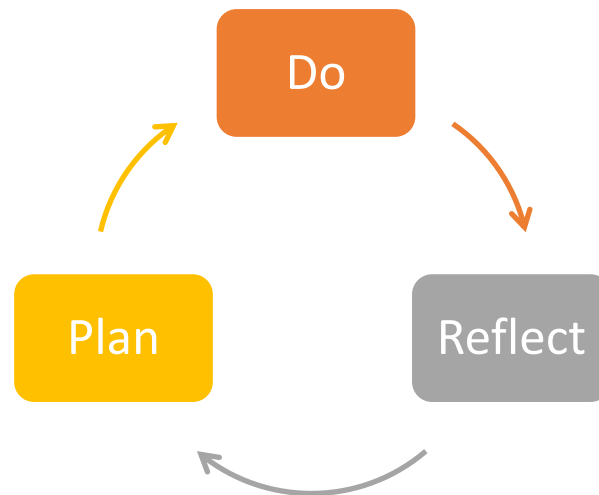
<https://www.pacific.edu/dental/academic-programs/competency-statements>

Learning objectives

- To define critical reflection.
- To discuss the benefits of critical reflection.
- To incorporate critical reflection in your learning and practice.

What is reflection?

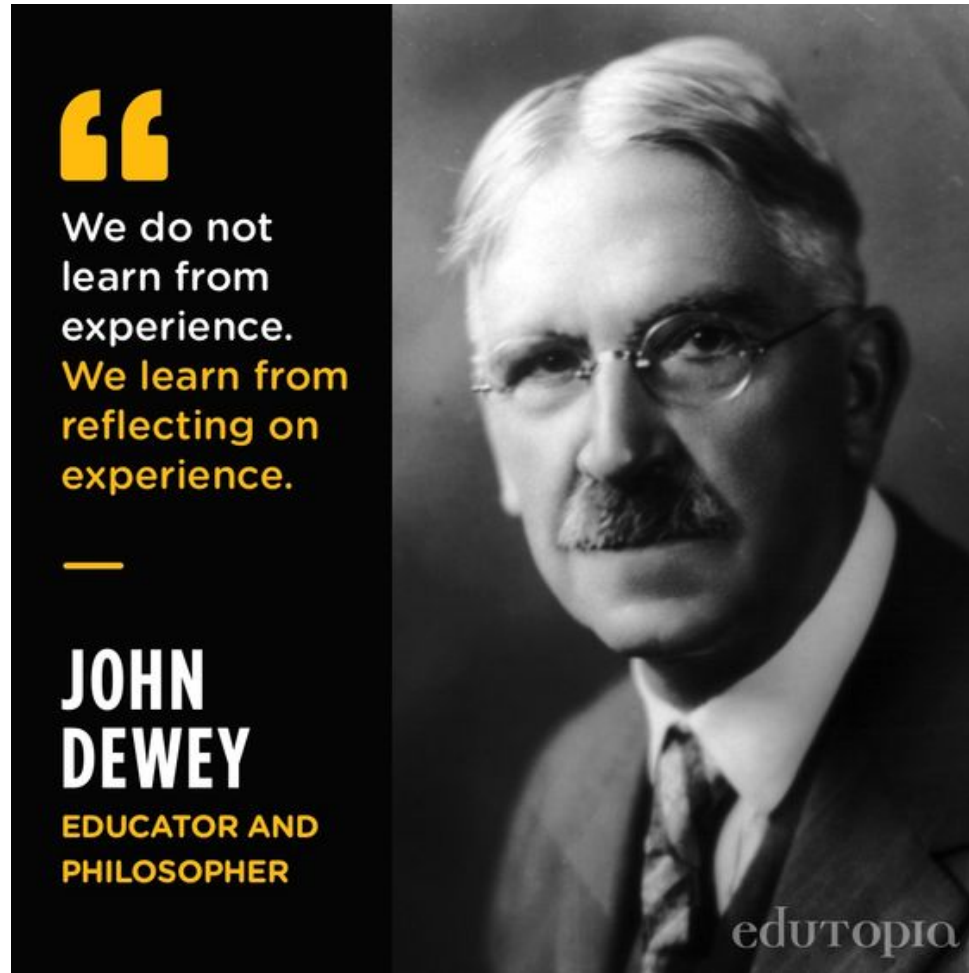
- The active process of analyzing and evaluating an experience to inform **future** action (Reid, 1993)
- It is **NOT** just describing what happened.



What constitutes “good” reflection?

Linking past, present, and future

- Cognitively and emotionally engaged
- Talk about your feelings
- Share the decision made and rationale
- Evaluate your own performance
- State the lessons learned
- A specific and reasonable plan for future learning or behavior.



Dewey J. *How we think: a restatement of the relation of reflective thinking to the educational process*. Lexington, MA: D.C. Heath, 1963.

What are the benefits of reflection?

- Sandars, J. The use of reflection in **medical** education: AMEE Guide No. 44. *Medical teacher*; 2009; 31(8): 685-695.
- Scott H, Howes A. Using ePortfolios to assess the reflective capabilities of **medical** students. Presentation at the ePortfolio Conference, France, 2004.
- Victoroff KZ, Hogan S. Students' perceptions of effective learning experiences in **dental** school: a qualitative study using a critical incident technique. *J Dent Educ* 2006;70(2):124–32.
- Boyd LD. Reflections on clinical practice by first-year **dental** students: a qualitative study. *J Dent Educ* 2002;66(6):710–20.
- Gadbury-Amyot CC, Kim J, Palm RL, Mills GE, Noble E, Overman PR. Validity and reliability of portfolio assessment of competency in a baccalaureate **dental** hygiene program. *J Dent Educ* 2003;67(9):991–1002.

What are the benefits of reflection?

- Education related benefits
 - Develop self-assessment skill
 - Identify your areas of strengths and weakness
 - Become more effective (reflective) learners
 - Become lifelong learners
- Practice related benefits
 - Become better oral healthcare providers

Medical student perspective

[UC-Berkeley-UCSF Joint Medical Program]

*From day one of my longitudinal family medicine preceptorship, I began writing after every clinical experience, titling the entries "**Patient Encounter Diary.**" In each entry, I would write about the patients I saw that day, patterns I observed, the flow of the clinic, my interactions with my preceptor, or how patients' stories had moved me.*

By doing this weekly, the writing began to flow more easily and I realized how much I was processing: this exercise was helping me build a strong foundation of medical knowledge and also revealing what type of doctor I wanted to be. I began appreciating the process of reflection and also my ability to document the evolution of my clinical experiences.

What can you reflect on?

- Positive experience
 - A difficult but well-performed procedure.
- Negative experience
 - A missed diagnosis
 - A failed procedure
 - An unsatisfied patient

Stages of reflection

- **Level 1: Non reflective-Habitual action**
 - Superficial **descriptive** writing. Fact reporting, **vague** impressions, without reflection.
- **Level 2: Non reflective-Thoughtful action**
 - Elaborated **descriptive** writing. Fact reporting, **clear** impressions, without reflection.
- **Level 3: Reflection**
 - Movement beyond descriptive writing to reflecting. Attempting to understand, question, or **analyze** the event.
- **Level 4: Critical reflection**
 - Exploration and critique of assumptions, beliefs, and/or bias, and the consequences of action (**present and future**).

Reflection in medicine

Example 1

I was involved in a patient confrontation; the patient was unhappy with her hospital stay and wanted to be discharged home. Unfortunately she required a package of care and so could not be discharged. I explained this and she returned to her bed. I was happy I had explained everything to her and continued with my other jobs.

Which stage??

Reflection in medicine

Example 2

Who, what, and why? I was involved in a patient confrontation; an elderly patient was unhappy with hospital stay and wanted to be discharged home. She was under our general surgical team for a head injury and observation after normal CT head. She had been seen our ward round and told that she was medically fit for discharge but still awaiting social services: her house has been reviewed and deemed unsafe so she was waiting for banisters to be installed. The issue was raised with me by chance as I was doing other things on the ward. I explained this to her and although she remained annoyed I was able to make her understand what the delay was and she returned to her bedside. She did not seek further clarification that day.

How did it make you feel? At the time I felt **rushed and frustrated**. I had a lot of other work to be done and this was distracting from that. She had already been told she was waiting for social services in the morning. I understand why this was difficult for her but did not think I would be able to do anything to help.

Why did it happen? The morning round was quite **rushed and so our explanation was limited** to telling her we were waiting for social services. I can understand from her point of view this may have meant very little, and so my explanation of what exactly we were doing may have relieved some frustration. Having been waiting up to this point, it is no surprise she continued to be angry but may have been accepting of this plan.

Reflection in medicine

Example 2 (Continued)

Could you have done anything differently? I think my explanation was very good, and the patient seemed happy with this, although I did not give a rough idea of how long this would take. It **may have been useful to** have spoken to the sister in charge to ask for what progress had been made to feed back to the patient. Also I did not ask her whether she was happy with this explanation: I **may have been able** to satisfy her frustration further by answering a few more questions or even recognize any other issues at home that may need addressing before discharge. Although the information given in the ward round was correct, it was not understandable to the patient. **If this had all been** quickly clarified in the morning, the patient would have been happy throughout the day and not caused a problem later on.

Reflection in medicine

Example 2 (Continued)

What will you do differently in the future? I think that the route problem in this situation was our explanation on the morning ward round. Furthermore, I am not sure how long such issues take to be addressed. **To avoid a similar situation in the future, I will** speak to the other health care professionals on the ward to get a round idea of how long occupational interventions such as this and other community interventions take to start. This means when future patients are medically fit I can spend a moment in the morning informing them of what needs to be done and how long it may take. Hopefully this will allow me to address patient concerns early to avoid them becoming an issue when it is too later.

Which stage??

Reflective writing prompts

3-2-1 activity

- 3 things you have learned in today's session.
- 2 ideas for application (or: 2 things that surprised you.)
- 1 more thing you want to learn about this topic (or: 1 question you still have.)

Reflective writing prompts

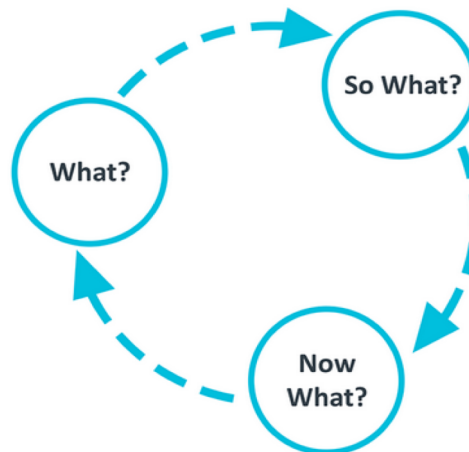
Strengths and Opportunities

- What went well?
- What didn't go well?
- How will you improve it next time?

Reflective writing prompts

What? So what? Now what? (Driscoll, 1994)

- **What?** --Facts and feelings.
- **So What?** --What did you learn? What could you have done differently?
- **Now what?**-- Action plan for the future.



Reflective writing prompts

Critical incident reflection

- Describe a particular event/case of the day?
- Why is it significant to you?
- What challenges did you encounter?
- What did you do to address them?
- Did it work out well? If not, possible reasons?
- What could you have done differently?
- What did you learn from it?
- How will it influence your future behavior?

Reflective writing prompts

CARL framework

- **Context:** Describe the context of you experience.
- **Action:** Explain what actions you took and rationale.
- **Results:** Explain what happened as a result of your actions.
- **Learning:** Identify what you have learned.



Reflective writing prompts

Before, During, and After (BDA)

Before going to the site/rotation

- Describe your goals for this practicum experience.

First visit

- Describe and reflect on your first impressions.

Periodic entries

- Describe your experiences at the site (successes, challenges, etc.).

Final reflections

- What are your most important lessons from this experience?

Concluding activity

- 3 most important take aways from this presentation.
- 2 ideas for application in your learning/practice.
- 1 more question you have about the topic.