

Studies in Education for Medical Practice
Book Two

Transformative Reflection for Practicing Physicians and Surgeons:

Reclaiming professionalism, wisdom and moral agency

Linda de Cossart & Della Fish



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Foreword

Reflection has a mixed reputation in healthcare. I have experienced how mixed responses can be to reflection.

Twenty years ago, I led on the introduction of reflective practice to a graduate entry medical programme. That cohort of students - our first - comprised a highly motivated, thoughtful and engaged group of people, many of whom had given up the certainty of other careers to retrain as doctors. I knew them to be sensitive and considered. I had learned an enormous amount from their reflections and responses as they progressed through medical training and encountered the diversity of clinical experience on placements.

Nonetheless, when the formal structure of the 'reflective portfolio' was introduced, many of these naturally reflective people who had shown their capacity for reflective work in multiple ways already appeared to struggle. They spoke openly about their ambivalence and even resentment of the task. Some of them took against what they perceived as the artificiality of the portfolio with its broad, but predetermined themes as prompts. Others were keen to convey that they valued informal reflection, but that they disliked 'reflection on demand' as they characterised it. Some distinguished between the writing and the discussions with a portfolio reviewer, with the latter meetings recognised as developmental. Only a minority seemed to enjoy completing the reflective portfolio. That mix of feelings about reflection has been replicated over many more years and cohorts of both graduate and undergraduate medical students, even as the reflective work itself has evolved in response to evaluations and student feedback. Mixed feelings it seems remain the commonest reaction to reflection.

Those mixed feelings are also captured on social media when reflection is discussed among practising clinicians. Ambivalence, criticism and even hostility are commonplace. Yet, often many of those same practitioners regularly and informally share their thoughts and insightful reflections about their work and the nature of healthcare (subject, of course, to the expectations of confidentiality). The value of a colleague making a timely observation, offering support, demonstrating understanding and suggesting further resources to explore is evident daily on social media and in online networks. Reflection in action is available for all to see. At the same time, there are concerns about the burden of reflection and its place in progression and revalidation.

Why might reflection prompt such mixed emotions? Healthcare is a practical endeavour. From the earliest days of training, the emphasis is often on intervention and outcomes. The work is often fast-moving and happens under pressure: the pressure to be efficient, to be effective, to be professional, to be better and usually in a resource-constrained environment. Such a context may generate competing forces. First, the space and need to share the burden and to work through the complexity and uncertainty that imbue clinical practice. Second, there may be resentment that reflection is another task on a

long 'to do list' which appears frustratingly manufactured in format and timeliness. Little wonder that ambivalence about reflection is frequently observed.

There may be other influences, perhaps less conscious, on the mixed emotions about reflection. When I was learning my craft in clinical ethics, I recall watching a senior and respected clinician telling his junior doctors "don't just do something, stand there". Their responses were revealing: uncertain smiles (was this a joke?), expressions of puzzlement and lingering silence. It wasn't merely a neat aphorism. It was revolutionary, subversive and central to why reflection is both essential and threatening. Those six words counter the 'act under pressure' narrative that can so dominate in healthcare. Those six words challenge perceptions of role and focus on outcome. They seek to create space for thought in an environment where moving from task to task in an effort to beat the clock is a daily experience. When he spoke those six words, that senior doctor was asking much of his eager students.

Those challenges to the norms of clinical practice and the predominant narratives about the same may simultaneously be welcomed and resisted. The imperative to think and the permission to pause before acting can be liberating and freeing; providing respite from the constant demands of 'doing' to 'think about doing'. Yet, it can also be threatening and disorienting. The invitation to explore beyond the professional carapace and to seek meaning in the myriad information, protocols, guidelines and structures that inform clinical work is powerful. To meet it takes courage.

For reflection, if it is to count, requires the courage to open well-developed defences, to recognise and to question choices hitherto unexamined, to interrogate our assumptions, to seek meaning in uncertainty and to tolerate discomfort. That is its transformative power; as the authors of this volume know well.

Power, especially the power to effect change, can be frightening and overwhelming as well as liberating. It is unsurprising that the notion of reflection prompts mixed feelings amongst students and clinicians. It is not something to be undertaken lightly. It is demanding and unsettling. It requires much of participants. It is potent. No wonder there is a risk that many seek to avoid, diminish or even mock the concept of reflection.

What's more, reflection is difficult to do. It demands commitment, courage and openness to often discomforting feelings. That difficulty leads to a conundrum in the way in which reflection is often presented. In attempts, well-meant, to make complex and deep work manageable, we focus on structures and rules for reflection itself. These are often thoughtfully-developed and well-intentioned framing devices such as forms, platforms and timescales, but perhaps they inadvertently create a sense of dissonance. The power of reflection is sensed and the attempts to tame it can appear incongruent or, worse, simplistic and patronising to those charged with completing 'reflective tasks' to accord with external demands. Participants sense the value and transformative potential of reflection whilst simultaneously being met with tick boxes, checklists and forms for signatures. The structures themselves undermine what is possible and set up

an inevitably mixed response from those charged with 'doing reflection'.

It could though, as this book demonstrates, be otherwise. Reflection that is authentic, grounded, personal, responsive and meaningful builds on the transformative power rather than undercuts it. It creates trust in the process to grow. It facilitates development. It does not hurry or seek reflection to deadline or predetermined format. It is simultaneously containing and liberating. It allows meaning to flourish whilst acknowledging the inherently uncertain nature of healthcare work. It provides space for complexity and exploration without demanding simple solutions or premature conclusions.

This book models an approach to reflection that recognises and values its transformative power. It is a courageous volume. It does not dodge the challenges, complexities or uncertainties that inevitably imbue reflective work. Its authors are companions who walk alongside the reader who is curious about reflection, but they do not prescribe, preach or presume. It is a generous and inclusive book that meets its reader in a spirit of openness, curiosity and enquiry. If readers can meet the authors in a similar spirit, they will be changed. Indeed, to read this book is to engage in an act of transformative reflection. It is a gift to us all.

Deborah Bowman
May 2020

This new volume from Della Fish and Linda de Cossart is designed to help medical professionals to articulate far more about their expertise to themselves, colleagues, patients, their families and the public. Following a scholarly and wide-ranging review of the history and philosophy of reflection, the authors introduce readers to the systematic practice of Transformative Reflection as they have developed and taught it. As well as being a clear and practical workbook for doctors who want to apply the approach to enhance their own clinical decision-making and professional judgement, Transformative Reflection for Physicians and Surgeons offers helpful guidance to educators who aspire to teach in the moral mode of educational practice. Altogether, this is a book that raises the theory, practice and training of reflection in the medical profession to a new level.

Dr John Launer, Programme Director for Educational Innovation, Health Education England, London. Author of “Narrative-Based Practice in Health and Social Care: Conversations Inviting Change”

With their colours nailed firmly to the educational mast, de Cossart and Fish offer a rigorous but accessible process for undertaking a genuinely transformative reflection. I have observed the authors making highly successful use of this approach over a number of years; participants have begun as sceptics and ended as devotees! Reading this book, I am imbued with a strong optimism for the future professional health of doctors.

Tim Wright, Emeritus Professor of Education, University of Chester

This book models an approach to reflection that recognises and values its transformative power. It is a courageous volume. It does not dodge the challenges, complexities or uncertainties that inevitably imbue reflective work. Its authors are companions who walk alongside the reader who is curious about reflection, but they do not prescribe, preach or presume. It is a generous and inclusive book that meets its reader in a spirit of openness, curiosity and enquiry. If readers can meet the authors in a similar spirit, they will be changed. Indeed, to read this book is to engage in an act of transformative reflection. It is a gift to us all.

Deborah Bowman, Deputy Principal (Institutional Affairs) and Professor of Bioethics, Clinical Ethics and Medical Law at St George's.