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CLINICAL EDUCATION FELLOW PERSPECTIVE: DOES WORKING IN MEDICAL EDUCATION IMPROVE ABILITY TO BE A REFLECTIVE CLINICIAN?

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Dear Editor,

The definitions of the process of reflection are many, but are often underpinned by the concept of 'understanding both the self and the situation to inform future actions' (Sandars, 2009). As a means for personal and professional development, reflection is mandated from medical school and beyond; this is highlighted by the GMC published guidance on 'The Reflective Practitioner' stating how it empowers doctors to gain insight and self-awareness from learning events, and create opportunities for improvement (GMC, 2021).

The requirement to evidence reflection for portfolios and assessments is often prescriptive and used as a tick box exercise, detracting from the purpose of reflection and the educational theory underpinning the process (Ng et al., 2015). My experience during medical school and foundation years (first and second year postgraduate medical training) is true of the above statement, whereby my engagement was necessitated and the benefits underappreciated. I have read with interest the scoping review titled 'A paediatricians' engagement with reflective practice', which outlines the levels of reflective practice described in paediatric literature, and I have subsequently developed a curiosity for how reflection is developed across different specialties/clinical experiences (Joyce and Carlin, 2023). Therefore, I am writing to emphasise the importance of having a formal role in medical education, and how this experience enhances our ability to reflect on our practice and interactions as a clinician and as an educator.

Since having a role in education as a clinical education fellow, my learning surrounding reflective practice has been both considerable and multifaceted. The below points demonstrate the opportunities I have encountered for self-reflection and the nurturing of the reflective skills of my students also. Firstly, the act of teaching requires not only knowledge, but the ability to communicate

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this effectively. This process often unveils gaps in our own knowledge and clinical reasoning, creating space to reflect on our clinical practice and identify areas of improvement. An example of this arose during teaching first year students, whereby going back to basics revealed gaps in my cardiac physiology knowledge that were a distant memory from the first years of medical school; from this process, we revised these concepts and consolidated knowledge together. I believe role modelling this process in the presence of students demonstrates the impact of continuous reflection throughout a career in medicine, and hopefully influences their ability to reflect on their own gaps in knowledge. Facilitating reflective discussions with students, for instance after a simulated acute scenario or an interaction with a patient following bedside teaching, I have found provides structure for self-reflection for both the educator and the learner.

Creating a groundwork in pedagogical theory with qualifications such as the postgraduate certificate (PGCert) in medical education builds on the appreciation for how learning is based on experiential reflection, and how we change as person because of these experiences. Unlike any other educational theory, reflection influences the unpredictability of medicine; it therefore acts a connection for the theory-practice gap allowing construction of meaning, and acts as an informant for both theory and practice alike (Kaufman, 2018). The exposure to educational theories has enhanced my reflective ability to use on my own teaching encounters, but can also be applied to teaching the skill of reflection. I discovered that many techniques I used in my teaching previously corresponded to theories I've now encountered in my studies. This allowed me to use and reflect on their use more intentionally when teaching, for instance when applying Pendleton's model to structure feedback (Pendleton et al., 1984). Furthermore, the PGCert allows opportunity for the observation of my teaching from experienced educators and peers. The structured feedback from these events has increased my exposure to different perspectives and encourages self-assessment alongside external feedback. This has promoted a reflective habit that I hope will extend beyond teaching.

As well as formal reflections in the shape of teaching observations and qualifications, having a role in medical education has provided me the space for continual discussion and critical analysis with other educators. This culture changed my perspective on what reflection has to look like and that it is not always an individual activity. I have learnt that the variety of topics I can reflect on personally increases significantly through the process of group reflection, and gaining the insight of others. There has also been a shift in which scenarios I have sought reflection on. When working primarily clinically, this would mostly be in situations that were emotionally taxing or something had gone wrong. Since focusing on education, I have been able to reflect on more positive experiences also with the purpose being to gain confidence and facilitate progression. Both of these points are outlined in the GMC framework for reflection highlighting how my reflective abilities have advanced during my fellowship.

In conclusion, my experience of having a formal role in medical education offers unparalleled opportunities to engage in reflective practice more deeply and consistently. This regularity has allowed for changes in my practice to be actioned and visible improvements recognised. For clinicians who aim to refine their reflective abilities with translation into clinical practice, engaging in a role in medical education is an impactful mechanism to do so.

Yours sincerely,
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DECLARATION OF INTERESTS

The author declares that they have no competing interests.

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