Using the learning log to encourage reflective practice

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INTRODUCTION

> Harry stared at the stone basin. The contents had returned to their original, silvery white state, swirling and rippling beneath his gaze.
>
> 'What is it?' Harry asked shakily.
>
> 'This? It is called a Pensieve,' said Dumbledore. 'I sometimes find, and I am sure you know the feeling, that I simply have too many thoughts and memories crammed into my mind.'
>
> 'Err,' said Harry who couldn't truthfully say that he had ever felt anything of the sort.
>
> 'At these times' said Dumbledore, indicating the stone basin, 'I use the Pensieve. One simply siphons the excess thoughts from one's mind, pours them into a basin, and examines them at one's leisure. It becomes easier to spot patterns and links, you understand, when they are in this form.'[1] (p. 519)

Doctors in general practice specialty training in the UK are expected to enter evidence of learning into an e-portfolio. This learning log must show evidence of critical analysis, self-awareness and learning.[2] After reading several learning log entries of a barely acceptable level we felt that the learning log, and its usefulness for trainees' self-improvement, was poorly understood. Here we present and justify an approach to teaching reflective practice that is based on the e-portfolio, can be used in one-to-one or group settings and which helps trainees develop the self-reflexivity that is essential for the growth of capable and professional general practitioners (GPs) of the future. The workshop we present can be used to encourage the ability to examine experiences critically in order to learn from them, by exploring values, beliefs and assumptions[3] and not just knowledge acquisition.

We developed this approach because we believe that reflective practice is an essential form of self-supervision for professional growth. From our experience of reading the e-portfolio learning log entries of GP trainees and having read McNeill's study of trainees' engagement with reflective practice in the e-portfolio,[4] we were concerned that its function is sometimes poorly understood, and that it is not being used to its full potential. Reflective writing can help professionals learn from daily experiences and may improve practice.[5–8] The workshop aims to introduce this concept in a supportive environment. We use the learning log of the e-portfolio[9] as a basis for conversations in order to promote self-awareness and critical analysis. We also intend to try to overcome some of the barriers[4] and resistance[10] to self-reflection that can impede self-development.[7]

The workshop has been used with a large group on a GP Vocational Training Scheme (VTS) half-day release and within smaller general practice-based tutorials. It aims to enable the trainees to use the learning log of the e-portfolio for critical self-reflection in addition to using it for curriculum and competency linkage that is required for the workplace-based assessments.[11]

BACKGROUND

The illusion of the self-regulatory professional

Adult learning theory considers adults to be self-reflective, to learn from experience and to be self-motivated.[12] However, according to Reguehr and Mylopoulos:[13]

> There is strong evidence that practitioners will simply ignore or actively discount formal feedback that is inconsistent with their beliefs about their own abilities and fail to use it as a source of effective performance change over time.

They also point out that there is strong research that concludes that:

> the ability to self-assess areas of weakness is generally poor, with all but the best performers overestimating their abilities and even the worst performers assessing themselves as above average in their performance[13]

It is no wonder that the task of encouraging deep critical self-awareness and reflection is a daunting one for all of us.

Many trainees feel overwhelmed by the charge of filling in a continuous reflective log and feel ill-equipped to do this effectively. In their systematic literature review of reflection and reflective practice of health professions, Mann *et al* found that effective reflection is most likely to occur when there is time and space, and when it is well sup-

ported by good supervision.[14] As educators we need to use the reflective log as a means of training for capability not just for competence. Fraser and Greenhalgh define capability as 'the ability to adapt to change, generate new knowledge and continuously improve performance'.[15] We can do this by not only paying close attention to the task of linking competences and curriculum coverage, but also by helping our trainees have conversations that explore their experiences in more detail, thus allowing them to view experiences from different perspectives and consider the impact of the choices that they make.

If their experience is about attitude, behaviour or feelings and not solely about knowledge acquisition, trainees may feel vulnerable and exposed. Becoming aware of our assumptions and our prejudices[16] may make it easier to accept the discomfort of 'cognitive dissonance'.[17] In this way, our assumptions and prejudices are challenged, making way for learning. Perhaps by encouraging trainees to discuss reflective narratives within their e-portfolio in the context of supervision,[18] they will be better equipped to manage the complexity of professional practice[19] in the messy, complex 'non-linear real world'.[20]

One of our tasks as facilitators of learning is to enable the learner to explore disequilibrium and perplexity[21,22] in a safe learning environment. This can allow the trainee to experience and express vulnerability, and perhaps courageously to explore core values and beliefs. Paradoxically, embracing one's vulnerabilities can be a key to connecting with others.[23] In addition, examining the factors that allow a situation to go well prepares us to repeat these situations.[24]

As Greenhalgh points out:

> Critical reflection on past intuitive judgments highlights areas of ambiguity in complex decision-making, sharpens perceptual awareness, exposes the role of emotions in driving 'hunches' (perhaps also demonstrating the fallibility of relying on feelings alone), encourages a holistic view of the patient's predicament, identifies specific educational needs and may serve to 'kick-start' a more analytical chain of thought on particular problems.[20] (p. 399)

If we do not learn from our experiences, 20 years of practice can be the equivalent of one year of such experience repeated 20 times.[25]

METHODS

Reflective practice exercise

Setting the scene

In order to develop a safe environment for the exploration of values, feelings and beliefs we are explicit about boundaries and the need for confidentiality. Particularly in the large group setting with a mix of trainees at different stages of training, some of whom may not know each other well, we ensure that all participants know that the facilitators will be available for further confidential exploration of any 'unfinished business' should it arise.

We start by posing a series of questions which act as a learning needs assessment:

- What do you know about the purpose of the learning log?
- For this session to be useful for you what do you want to leave with?
- Imagine yourself as a trainer at the end of the year (or as a member of the Annual Review of Competence Progression (ARCP) panel). What evidence would you wish to see demonstrated in the written logs to satisfy yourself that this doctor is able to practise independently as a GP?

Intentions

In the half-day release session we then invite the pairs to feed back to the larger group so that we have shared vision of what the learners hope to learn from the session. At this point we introduce our stated intentions which may need to be modified so that we have an agreed set of aims.

The intentions are for the learners to:

- understand the purpose of the learning log
- understand the skills needed to reach the deeper levels of self-awareness
- be able to link what they have learned to the curriculum and to competencies.

Warm up exercise

As a ten-minute warm up exercise we use a picture and invite participants to tell their version of a story which could explain the picture.[26]

This exercise usually results in a remarkable variety of imaginative accounts. For those learners who find written reflection harder it also links into a way of visualising a story.

We then move into the learning log exercise detailed below.

Learning log exercise

We have prepared three examples of an e-portfolio written reflection on the same clinical encounter (Boxes 1–3). We ask the participants to work in pairs, and hand out the examples in turn, asking with each example:

- 'What strikes you?'
- 'What curriculum areas might you link this to?'
- 'What would be your trainer's/ARCP panel's comments?'

Box 1 Reflection version 1

What happened?
Pregnant 35-year old in some distress sought advice re termination. Referred her to colleague.
What if anything happened subsequently?
Patient made new appointment to see colleague, advice given and termination arranged.
What did you learn?
That I need to have arrangements with colleagues in place for this circumstance.
What will you do differently in future?
Will be more prepared for the situation, see above.
What further learning needs did you identify?
Find out what other doctors do who are in the same position as me. Learn to communicate my position more successfully.
How and when will you address these?
Speak to my supervisor for advice and ask colleagues.

Box 2 Reflection version 2

What happened?
Pregnant 35-year old in some distress sought advice re termination. She was very persistent that she needed help from me, as she trusted my opinion, and didn't want to see anyone else. I explained that because of my beliefs I couldn't refer her, and that I could see it was a difficult decision but it would have to be her decision not anyone else's and suggested she see a colleague. She left still in distress.
What if anything happened subsequently?
The patient saw a colleague who spoke to me about her. She was still distressed but decided to be referred on for a termination.
What did you learn?
I need to be better prepared for this situation and need to talk to colleagues. I haven't thought through my ethical position on this but I knew that I couldn't refer her today. It gave me the opportunity to think about the ethical issues.
What will you do differently in the future?
See above.
What further learning needs did you identify?
Communication skills. Find out what others do in this situation. Think about how this relates to the formal ethical principles.
How and when will you address these?
Speak to my supervisor. Talk to colleagues. Maybe we could do some ethical stuff at the VTS half day.

Box 3 Reflection version 3

What happened?
Pregnant 35-year old in some distress sought advice re termination. She was very persistent that she needed help from me, as she trusted my opinion, and didn't want to see anyone else. I explained that I could see it was a difficult decision but it would have to be her decision not anyone else's. I realised I was becoming upset and didn't feel able to refer her and suggested she see a colleague. She left still in distress and I think aware that I was upset. I had not realised that my personal circumstances would affect me so much – I am the same age as the patient and have been trying for a baby for three years.
What if anything happened subsequently?
The patient saw an experienced colleague who then spoke to me about her. She was still distressed but decided to be referred on for a termination. The patient had had to wait another two days for the fresh appointment, which upset her and she also stated to my colleague that I 'obviously didn't think she should have an abortion'. My colleague was able to reassure her of his support in whatever decision she made and explained that some doctors did not advise on these cases because of their religious beliefs but that it was her right to choose. He was concerned about the way I handled the patient, and about my well-being.
What will you do differently in future?
My situation is distressing me more than I had realised. I need to accept that and perhaps have counselling. I should have arranged for the patient to be seen more quickly and will be aware of that in future. I am not opposed to termination on ethical or religious grounds, but perhaps need to decide that while I am in my current situation I should refer on quickly, supportively and calmly. I realised that I needed to be very aware of my feelings in these situations and to seek help so that I can be more professional.
What further learning needs did you identify?
I need to find out other approaches taken by GPs who are opposed to termination. Possibly update communication skills. I wonder how you can have a consultation, be aware AND deal with your own feelings at the same time.
How and when will you address these?
I will speak to colleagues at the practice and seek advice from my supervisor. There may be techniques that can help.

After looking at the three scenarios individually we ask each pair to join with another pair, share their experiences and discuss the differences between the three versions. The small groups then feed back to a facilitated large group discussion.

Group discussion and feedback

Commonly the learners discuss trust, openness and vulnerability. We talk about barriers to learning and the different depths of self-awareness.[14] We also discuss people's level of comfort within the different contexts of self-disclosure and who might legitimately have access to the reflections (in one's own reflective journal, in a confidential discussion with a supervisor or on the e-portfolio).

Application to participants' own encounters

We then direct the group to the next activity in which the intention is for the participants to apply

what they have learnt about reflection and reflective writing to an encounter of their own.

In pairs or groups of three the participants then each discuss a recent consultation or experience. This can be done formally, using a supervision technique (for example, the 'conversations inviting change' model[27]) or more informally. In a supportive environment, learners are able to think about their own difficulties and what they could do differently next time to improve their consultations. They are also encouraged to think clearly about how to address their own learning needs. We suggest that each participant is allowed about 20 minutes to do this. The other members of the group should help them think about linking to the curriculum and play the role of the educational supervisor or ARCP member in linking to competencies and/or taking a different perspective

At the end of the session, trainees are invited to share with the rest of the group what they have learnt from the exercise. They are also given the opportunity to reflect for their e-portfolio on the case they discussed, or on the day's session.

Although we recognise we are at risk of continuing the myth that all experience can be deconstructed into bite-sized competencies,[28] learners do seem to find it helpful to have some structure in which to think about reflection as a competency. We sum things up in a hand-out (Box 4).

Other tools

There are a number of ways of approaching reflection[5,14,31,32] and people will probably find and use what suits them.

DISCUSSION

This workshop can sometimes bring up unresolved situations with high emotional content. The facilitators therefore ensure that they attend to the process of the group and notice individuals who may need further supervision conversations to work though their experience. This is especially important when doing this exercise in a large group with a diverse mix of cultures and personalities.

Box 4 The skills that are required for effective reflection

Not only do we need to be able to describe what has happened, but we need to be self-aware enough to be honest about our own feelings and thought processes in the context of the situation and the impact our choices might have had on others. We need to evaluate it all – to think about the learning that needs to happen as a result of the reflection and to explore what could be done differently ('what, so what, what now').[29] When examining a log entry and looking at levels of reflection think about how much critical analysis, self-awareness and evidence of learning is presented.

	Not acceptable	Acceptable	Excellent (in addition to acceptable column)
Levels of reflection	Descriptive	Analytical	Evaluative
Information provided	Entirely descriptive, e.g. lists of learning events/ certificates of attendance with no evidence of reflection	Limited use of other sources of information to put the event into context	Use of range of sources to clarify thoughts and feelings
Critical analysis	No evidence of analysis (i.e. an attempt to make sense of thoughts perceptions and emotions)	Some evidence of critical thinking and analysis, describing own thought processes	Demonstrates well-developed analysis and critical thinking, e.g. using evidence to justify or change behaviour
Self-awareness	No self-awareness	Some self-awareness demonstrating openness and honesty about performance and some consideration of feelings generated	Shows insight seeing performance in relation to what might be expected of doctors Consideration of the thoughts and feelings of others
Evidence of learning	No evidence of learning (i.e. clarification of what needs to be learnt and why)	Some evidence of learning, appropriately describing what needs to be learned why and how	Good evidence of learning with critical assessment, prioritisation and planning of learning

Adapted from Mehay (2010).[30]

If developing the learning log is seen as part of the supervision process[14] it can be given the time and space to explore the foundations of choices that have been made in any encounter: choices of what to say, whether to examine and what management decisions to make that may be based on conscious or unconscious influences.[16]

Through exploratory reflexive questioning with a supervisor[33] the learner can develop the skills to be curious about their own reactions to differences such as race, appearance, gender, culture, spirituality and sexuality.[34] The trainee may be able to ask themselves the same risky questions that promote self-reflection. For example:

- 'Why do I feel intimidated by that patient?'
- 'How did we develop such a good rapport so quickly?'
- 'What was it about that interaction that caused me to react in that way?'
- 'If that person had better command of English would I treat them differently?'
- 'If that patient was younger/older/male/female/white/Jewish/heterosexual what affect may that have?'
- 'What are the power dynamics in this context?'

These reflexive questions promote the value of non-linear learning as the participant can explore the richness of the detailed context.[15] Reflecting retrospectively ('reflecting-on-action'[25]) on any encounter can be valuable, and often leads to future 'reflection-in- action'.[25]

One of our challenges as supervisors may be to model the skills of self-reflexivity that are required to practise as capable[15] medical practitioners. This ensures that the process of learning, reflection and vulnerability is reciprocal.[17] As facilitators, we may choose to share an experience of our own, such as reflecting on a complaint from a patient or a missed diagnosis, where we become aware of our feelings of vulnerability and invite the learner to comment on this reflection.

Generally trainees are highly motivated to take part in this session as linking it to the e-portfolio and the curriculum also links it directly to their workplace-based assessments. Many trainees take a deep approach[35] to learning and recognise that this type of learning is more than just another competency required to pass an exam. It can be developed as a lifelong skill for professional practice. For some learners, however, there can be an in-built resistance to self-examination.[4] For those that regard it as time wasting, an unnecessary challenge to one's existing abilities and intellect or just faddish, they may find that they do not meet the required level of self-reflection to pass the MRCGP and therefore to practise as a GP.[1,11] Persistent resistance to self-reflection may indicate a doctor lacking in insight,[36] which may be a sign of a trainee in difficulty[37] and supervisors need to look out for this. There are probably many reasons for this resistance. One that is important to recognise is that reflective learning may be painful. It is often difficult to pull apart motives, decisions or what may be regarded as failures. As educators it is essential that we convey the value to the practitioner of reflective learning as well as helping to develop the skills to carry out it out; to show how a 'deep' approach to learning can be so much more effective than a 'surface' learning approach.[14,35]

CONCLUSION

This short 'workshop' can be undertaken in a one-to-one or group teaching session and provides trainees with an insight into the exceptional potential of each learning log entry for truly reflective practice. This way we can help develop doctors who are really capable of practising professionally[38] and deliberately[19] as future independent general practitioners.

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