



South East Coast

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KSS GP School

A Guide to Reflective Writing

Guidance for Programme Directors

and Educational Supervisors

and GP Specialty Trainees

Introduction

Your GP training programme is a continuing period of learning and development. Over the duration of the programme you are expected to achieve full coverage of the GP curriculum and undertake the nMRCGP assessments. This process is supported by the e-portfolio. The portfolio is intended to be a record of professional development through the use of the learning log.

How should a learning log be completed?

Learning logs are not about quantity, but relate much more to the quality of the entries. BUT, if there is insufficient quantity within the learning log then it is unlikely that an adequate quality will have been demonstrated and the areas of the curriculum are unlikely to have been covered.

All learning logs should be documented in such way to demonstrate to anyone reading the entry that a GP Specialty trainee is reflecting, researching and discussing their learning. This is much more authentic and useful in terms of competence progression than entries which just list all the patients you saw that morning.

A list of descriptive entries are not acceptable.

What is Reflection?

There are many definitions of reflection:

“a systematic, rigorous, disciplined way of thinking with roots in scientific inquiry”

“The “purposeful deliberate act of inquiry into one’s thoughts and actions...” through which “a thoughtful, reasoned response might be tested out”¹

“... a form of mental processing with a purpose and/or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is not an obvious solution”²

Reflection is a process inherently linked to the development of professionals:

- It is how we make sense of the experiences we have had and it encompasses how and what we have learnt from them
- Through reflection we can examine our own thoughts and actions and make sense of what we already know, explore how our knowledge, actions and beliefs relate to others and
- Consider whether a change in our perspective, beliefs, knowledge or our behaviour is needed
- The process of writing these thoughts down in a structured way cements the above process more fully than just thinking through the process.

Levels of Reflection

A seminal work on reflective practice in the professions was proposed by Schon³ who was particularly interested in how professionals think and how they work in areas of uncertainty when the protocols that guide practice cannot easily be applied (particularly relevant to general practice). He identified differing levels of reflection which occurred at different times.

“Knowing that” – or textbook knowledge for example the symptoms and signs of appendicitis

“Knowing -in- action” - or the integration of skills and knowledge to do the job - examining an abdomen in a patient complaining of abdominal pain and reaching a diagnosis

“Reflection - in –action” – or when in the midst of tasks we examine what is happening – the history suggested appendicitis but the physical findings don’t fit what is going on? Do I need to re-think?

“Reflection – on – action” – after the event so what about the decision to admit the patient was I right?

BUT HOW TO FILL IN THE e – PORTFOLIO TEMPLATE?

Clinical Encounter Template

What happened?	
What if anything happened subsequently?	
What did you learn?	
What will you do differently in future?	
What further learning needs did you identify?	
How and when will you address them?	

The above template begins the process of requiring us to think reflectively but does not provide enough guidance on how to complete it in a way that demonstrates the reflective process we have gone through. The following sections help to explore more fully how to write in a more reflective way

One reflective template which expands the process is provided below. This asks you to consider a series of core questions:

Johns’ Structured Reflection Template ⁴

Core Question	
What information do I need access to in order to learn through this experience	
Cue Questions	
Description of experience	
Phenomenon	Describe the “here and now” experience
Causal	What essential factors contributed to the experience?
Context	What are the significant background factors to this experience?
Clarifying	What are the key processes for reflection in this experience?
Reflection	
What was I trying to achieve?	
Why did I intervene as I did?	
What were the consequences of my action for myself / patient / team / organisation?	
How did I feel about the experience as it was happening?	
How did patient / others feel?	
How do I know what patient / others felt?	
Influencing factors	
What internal factors influenced my decision making?	
What external factors influenced my decision making?	

What sources of knowledge did / should have influenced my decision making?

Could I have dealt better with the situation?

What other choices did I have?

What would be the consequences of these choices?

Learning

How do I feel about the experience now?

How have I made sense of this experience in the light of past experience and future practice?

Has this experience changed my ways of knowing, thinking, doing or me personally?

By combining the core questions in this model with the questions on identifying your further needs and developing an action plan to address them you will begin to write more reflectively.

When completing the e portfolio template

Consider answering the following question

Why you have selected to write about this specific case?

The experiences you have chosen to write about should be important meaningful ones for you – filling in the e portfolio with no thought to this question can lead to a quantity of entries but they will not demonstrate the higher skills needed for reflective practice.

Entries can reflect areas where you feel you have performed well but better still should be examples of where you can demonstrate your increasing awareness of the wider aspects of the GP curriculum, the roles and responsibilities of the doctor, your professionalism and how your experience through real life experience in hospital and general practice is shaping your ongoing professional development.

What happened?

Reflective writing is not a detailed description of what actually took place it should be a brief synopsis only. The reader does not need to know all the exact details but the relevant ones that put the experience in context.

So for example

“I was called to see an 86 year old patient with heart failure at the end of the working day – earlier in the day her relatives had told me they wanted very active management of her condition the patient had expressed a wish not to be actively treated – the staff on the ward were concerned about her deterioration”

It is important to make evident any emotional context to the entry and reflect why this might be.

So for example

in the setting of perhaps giving a presentation how anxious were you and why? Have other presentations gone well or badly?

With patients or staff did the experience connect to other experiences you have had in your professional or personal life?

If there is an emotional content do you think your past experience or the level of emotion impacted on your behaviour/ actions?

In considering what happened try to develop a written dialogue between yourself, your past experiences of similar situations and the views of others (be this colleagues or the medical evidence base)

So for example

“a 35 year old patient with chest pain seen in the surgery. His symptoms suggested muscular pain however – I was aware from my FY2 job in A and E of a patient of the same age with similar symptoms who had had an MI. I asked one of the partners for advice – he suggested given the age of the patient the history exam the likely diagnosis was not cardiac and that further investigation may increase patient anxiety. Having experienced one patient in whom a diagnosis of MI had occurred I felt unhappy at sending this patient home without full investigations or referral to A and E. This case raised my awareness of the role of the GP in managing risk – we will see lots of patients who could have something seriously wrong but most will not – given resource limitation all of them cannot be referred. I felt I had to approach the GP again, I was nervous of doing this as he may have felt I was questioning his judgement – I explained my previous case and he reviewed the patient.

Consider your own actions in a critical light

So in the above case –

“how do you reconcile your personal experience of a rare occurrence with evidence and guidelines? What is the prevalence of heart disease in this age group? What is the evidence for cardiac investigations increasing anxiety? What are the professional duties of a doctor in training when they are unhappy about managing a case? What professional guidance is there on this?”

Consider why the views of others may be as they are?

So in the above case the trainer may have been trying to help you manage risk and uncertainty

What if anything happened subsequently?

This section is often completed by updating the story – the unfolding of a diagnosis for example but should also be used for you to stand back and given the passage of time how do you now feel / how has your this experience impacted on you

So for example

“the readmission of a patient you discharged from A and E / the surgery returns the next day and is significantly more unwell – how has this experience impacted on your practice – has it for example changed your referral pattern?”

What did you learn?

You may have learnt some new piece of medical knowledge and if so this is the section to record this. It is important when you record this new piece of learning that you think about the wider perspective and how you will put this knowledge into practice so for example:

How will you use this new learning to benefit patient care in the future?

In this section you are being asked to summarise the experience much more fully:

What have you learnt about your abilities? What areas of concern did you identify in yourself? How has the experience helped you develop as a professional and in what way?

Have you had to examine your attitudes and values?

What are the wider implications for you / the patient / the practice / the NHS?

so for example –

“I learnt that I can manage aggressive patients when a 36 year old attended A and E with chest pain – although I still feel anxious inside the feedback I got from my senior colleague demonstrated that I could appear calm on the surface and use a range of skills that calmed the situation rather than inflamed it.

I also learnt to think more widely as to why the patient was aggressive by asking more about their concerns, finding out more about his worries – his father had died suddenly when the patient was 12 He had attended A and E on several occasions with the same problem and felt no one was listening he had had ECGs but his father’s problem was not cardiac but a perforated DU and no one had examined this man’s abdomen.

Remember to include reflections on the impact of your learning and the challenge (see guide to learning logs)

What will you do differently in future?

In this section you need to turn all your learning points into actions so from above:

“I will make sure I am familiar with how to summon help quickly in the department I am working in when the patient is becoming aggressive”

“I will work on recognising patient’s cues and exploring their ideas about the problem and their concerns early in the consultation”

What further learning needs have you identified?

In this section you may want to consider some specific short terms goals relating to the current post you are in. These may be linked to knowledge, skills, behaviours or more difficult but often most important to your attitudes and beliefs. You need to reference the GP Curriculum in doing this – what relevant learning outcomes are there in it relating to this specific piece of learning. Try to think of the GP curriculum not just as a list of topics but the core themes that run through it on holistic care problem solving etc can be applied to any one area of medicine

However you need to think towards the future – how will learning assist you in your future career as a GP?

It is useful to ask yourself a series of questions:

What do I already know?

Why do I need to do this learning?

What exactly is it I need to learn? Now? To help me as a GP in the future?

How do I break it down into manageable tasks?

What is the best way to learn this?
What resources do I need?
What time span do I need to do this learning over?

By asking the above questions you have begun to formulate items for your PDP

You should put all this information about the how and when you will undertake learning into your e portfolio template and then move to your PDP section to update it

Using the other templates

This guide has featured the clinical encounter template but a similar process can be applied to the differing log entries

Feedback on your reflective entries

It is important to check the comments box when you note your educational supervisor has read your entries. The comments are designed to help you deepen the level of reflection, encourage you to think more widely about the issue, make the linkage in the case of hospital based experience to how this relates to working as a GP and how to develop your action plan more fully

References

- 1 Laughran J (1996) *Developing Reflective Practice*. Routledge Falmer
- 2 Moon J (1999) *Reflection in Learning and Professional Development*. London Kogan-Page
- 3 Schon D (1983) *The Reflective Practitioner* London Maurice Temple Smith Ltd
- 4 Johns C (1994) Nuances of reflection *Journal of Clinical Nursing* 3 pp71-75

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