What is reflective blogging?

Critical Reflection Discussion Exercise: Caring for Children with Special Health Care Needs (CSHCN)

" An intellectual is someone whose mind watches itself." Albert Camus Notebooks, 1935-51

Camus may be most familiar to health care providers for his novel, "The Plague," but this famous quote from his voluminous Notebooks really nails the concept of critical reflection. During your medical school and residency experiences, you probably were exposed to reflection in medical practice. Your Individual Learning Plan in PediaLink is an example of critical reflection, though somewhat more structured than what is proposed here. This module will acquaint you with the Why, What, and How of critical reflection in improving your care of CSHCN.

Why

We won't bore you with the heaps of adult learning studies that show the benefits of critical reflection in becoming a true professional. Suffice to say its use is well-established in a variety of settings, including medicine. It is a critical skill to develop for self-directed learning; physicians in particular need this, since most of what you learn in medical school and residency will become obsolete during your years in practice.

What it Is

Critical reflection is more than just staring at your navel, or casually wishing something had gone differently with a patient with a bad outcome. It is a more structured and purposeful exercise, yet not in the sense that there are right and wrong answers in your reflections. This isn't a multiple choice test, with one correct answer. The correct answers lie more in developing an ability to reflect on and learn from your practice. The reflection exercise will be held in an online discussion group, with faculty facilitators who will help all of you develop these skills. These facilitators are trained in critical reflection, online learning, and adult learning theory.

One important note here: Reflective writing is about **you**. What can **you** change in your practice, or yourself, that would help solve a problem. With many issues in medicine, the systems and processes involved sometimes make it more difficult to accomplish specific patient-related goals, perhaps especially with CSHCN because there are so many different systems involved. Usually, one individual can't change all that. But short of a major systems change, usually there are items we can address in our own personal practice that can benefit patients, without resources needed to overhaul a system.

Another way to think about this is in terms of ACGME competencies. Systems-Based Practice is what we commonly deal with in addressing organizational changes; we stress it in activities like Morbidity and Mortality Conferences. Practice-Based Learning and Improvement is closer to our focus in reflective writing. It is about the individual (you!), not the system as a whole.

How to Do It

In early November, you will be asked to log on to a web-based reflective discussion group. You are to post your thoughts about your experiences with caring for CSHCN, plus comment on at least one peer's posting, every two weeks, as evidence of your professionalism competency in continuity clinic. Faculty will guide you with questions, and participate in the discussion as needed. The discussions will continue through the end of March, with a different focus each month.

What Are We Looking For?: Again, there are no right or wrong answers. However, we hope to have you develop a comfort level with critical reflection, to go beyond telling what happened and instead also be able to tell what you have learned. To that end, we offer the following guide for assessing reflective writing:

Simplified Rubric you will see when you blog:

Depth of Reflection	1= Beginning	2- Learning	3- Reflective
	Describes events relevant to the blog question	Describes events and states lessons learned	Describes events states the lessons learned, relation to prior experience and implications for the future

No one is expected to have all notes at the highest example, but over the six-month period we hope that you will notice that most of your notes are at higher levels.

Below is a more detailed rubric on reflection with examples adapted from:

OSullivan P, Aronson L, Chittenden E, Niehaus B, Learman L. Reflective Ability Rubric and User Guide. MedEdPORTAL; 2010. Available from: www.mededportal.org/publication/8133

Depth of Reflection	Description	Elaboration	Example
1- Beginning	1-Narrative is submitted but is not responsive to the topic or assignment	Venting without description of a specific situation. Describing an encounter unrelated to the topic	" Patients in this hospital are challenging to care for." Or, "You asked about this, but I'd rather tell you about something different."
1- Beginning. Description of event. States lessons learned. 2-Learning Reflection Reflection on experience and change of current behavior.	1-Narrative description of encounter but no evidence of reflection on action	Very detailed story with some insight into behavior in the moment but no further discussion of behavior in retrospect	" We took care of this patient, considered their needs, addressed their concerns and challenges, and did a good job."
	1-States that lessons were learned but without explicit linkage to supporting evidence	Vague reference to lessons learned without elaboration. List of lessons learned without linkage to evidence. General platitudes about optimal care without specific linkage to scenario	" I took care of a Cuban patient and became aware that it is important to consider their cultural background."
	1-Relies on personal assessment of lessons learned	Personal opinion about lessons learned predominates. Little or no inclusion of external evidence as defined below	" I felt more confident about my skills"
	2-Includes external evidence of lessons learned	External evidence includes detailed feedback from patients or professional associates, objective data on outcomes, and/or use of the literature	" I followed up and found that the patient returned to clinic, brought her glucose records, and had better glycemic control."< /span>
	2-Explicitly refers to prior experiences and describes how they inform own behavior in current situation	Reference to prior experience can reinforce successful practices or inform a change in practice. Must meet criteria for previous level: even if analyzes factors from experience, cannot achieve this level without including external evidence of lessons learned	" In the past I have approached similar patients by providing them with a monitoring sheet and not evaluating their literacy level. In this case I established that the patient had some English proficiency and used level-appropriate materials with him
3= High **Reflection on Implications for future action**	3-Analysis including external evidence of lessons learned, relation to prior experience and implications for the future	Must meet critieria for previous level and also include a specific plan for the future including how success will be monitored	" I will: assess English health literacy in all my Latino patients using the SAHLSA-50 form; request low literacy educational material for our clinic; determine success by tracking Latino patients screened and literacy forms in clinic in 3 months."