

Integration of Reflective Practice in Postgraduate Medical Education

Sir,

Reflective practice is a globally accepted teaching-learning strategy in medical education. It encompasses metacognitive strategies for situations encountered in professional practice. This leads to a greater understanding of self and situation, resulting in improved handling of future encounters. Reflective practice is the application of reflection in professional activities as means of coping with complex situations, which are ill structured, or unpredictable.¹

Reflection also forms an essential element of professional competence as Epstein and Hundert describe in their article: "Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served."²

Medicine is a profession in which there is an enormous amount of content to be learnt. Applying the learnt content to clinical practice is challenging. Using the reflective approach, teachers and learners review and improve practice through self-directed learning. Reflective practitioners must reflect and analyse the consequences of their actions before the future encounters. This anticipation is the essence of the reflective practice. The development of professional expertise needs more than an integration of knowledge and skills.³ Expert medical practices are a complex interaction of knowledge and skills that are appropriate to the unique situation that the clinicians encounter. Repeated exposure to the complexities of professional life is essential, and guided reflection can consolidate the learning potential for this understanding to reflection. Reflection has a lot of intended outcomes and approaches. Guided reflection with a supervisor or mentor is important so that underlying beliefs and assumptions can be challenged within a supportive relationship. Although there is no objectivity to suggest that reflection actually does improve patient care, it seems logical and likely since the process of care can be impacted. This reflective practice will guide them to look for an alternative to technical rationality, which is the basis of conventional teaching.

The reflective practice has been implemented in many countries in the developed world; however, it is still in evolutionary phase with least recognition in developing countries, such as Pakistan. The study by Khan *et al.*

concluded that although there is some variation regarding comparative understanding of reflection, teacher educators and student teachers from the United Kingdom in general, have a much deeper understanding of reflection in terms of its implication and eventual implementation.⁴ This inference is understandable keeping in view the overall advancement of education in the western world on the one hand and on the other their exposure and accessibility to current sources of research and knowledge. Other reason for better understanding of this educational strategy could be their longer experience of the ideational evolution in the field of teacher education.

Globally, reflective practice is part of postgraduate training.^{5,6} To date, reflective practice has not been formally introduced into residency training in Pakistan. Morning reports, morbidity and mortality meetings, and case discussions are part of reflective process but are not perceived as such. In order to introduce the culture of reflection and promotion of reflective practice in postgraduate medical education, training of the teachers is required. A structured two months reflective practice training programme for programme directors was undertaken at the Aga Khan University. Programme directors reported improvement in their own clinical practice. Since then, many of the postgraduate training programmes have implemented formal reflective practice into their curriculum. An example is in the postgraduate training programme in anaesthesia, where the programme director discusses the important aspects of the encountered clinical situation with the resident after each surgical case, trying to find solutions to clinical dilemmas, having evidence-based consensus and then implementing it for future encounters, thus helping in improving patient outcome.

The residents should be taught to do reflective practice writing so that they can internalise their learning in both cognitive and affective domains. There has been increasing application of structured approaches to both initiate and assess reflective learning in postgraduate and continuing medical education.⁷ These approaches should be the essential components of training, certification or revalidation in postgraduation.

The concept of reflective practice and its applications are elaborated in Figure 1.

Incorporation of complex but useful concepts of reflection and reflective practice will likely result in a more comprehensive and conceptual understanding of the process of education among educators and researchers in Pakistan. Although intervention in the initial teacher education programmes under the USAID Teacher Education Project (TEP, 2008-2013) has brought important changes and concepts such as reflection/reflective practice have been introduced at

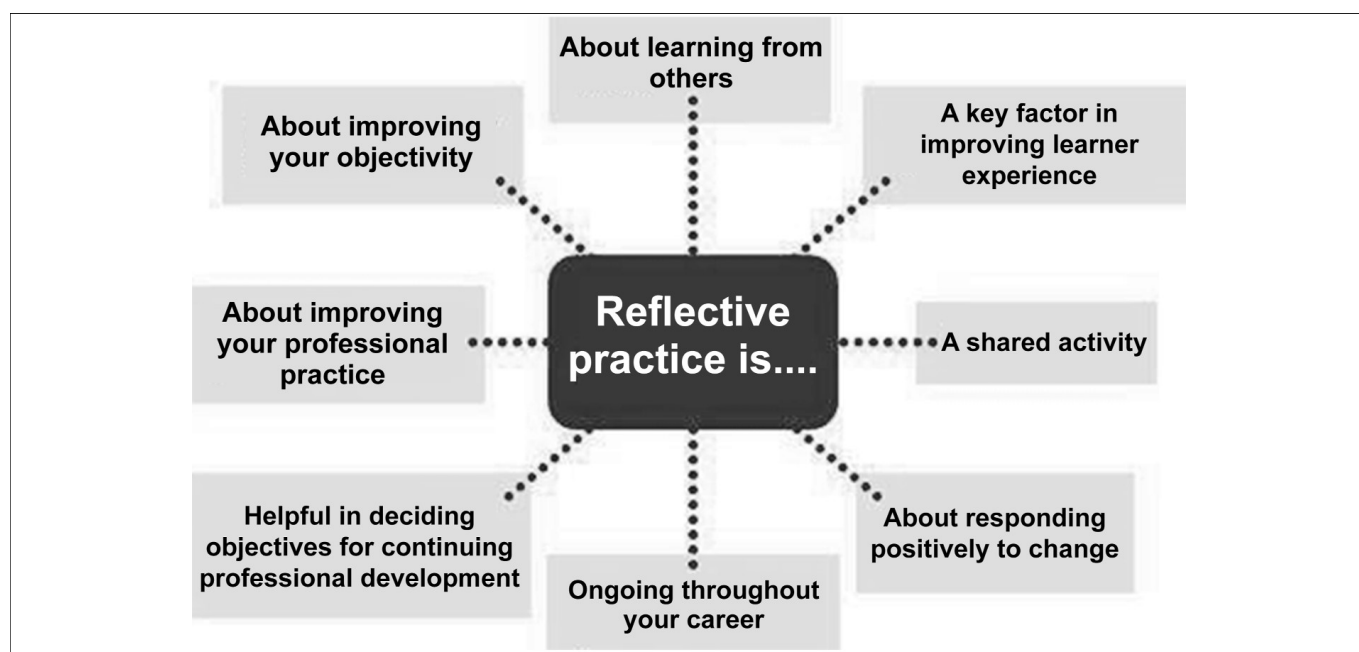


Figure 1: Donald Schon concept of reflective practice (Schon, 1983).

some level in the newly developed curricula, there is a need for a more overt and elaborated inclusion of such concepts in these education programmes.⁸ That means incorporation of reflection in terms of what it is, how it is enacted in practical teaching-learning situations, and why it is important to include it in educational/teacher education programmes.⁸ Khan *et al.* suggest one such comprehensive framework of reflection in teacher education programmes, which might be considered as a useful model for a more in-depth understanding of the concept by teacher educators and student teachers in Pakistan.

To inculcate this educational strategy in our postgraduate medical education, it should be included in undergraduate and postgraduate curricula; and regular workshops (under experts in this field) should be organised to disseminate the concept of this educational and clinical practice strategy to residents and consultants. At College of Physicians and Surgeons of Pakistan (CPSP) level, collaboration should be established with developed countries to learn from their experience in reflective practice. This collaboration will enhance understanding and application of this concept to improve patient care in the long run.

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Mohammad Irfan Akhtar

Department of Anesthesiology, The Aga Khan University Hospital, Karachi, Pakistan.

Correspondence: Dr. Mohammad Irfan Akhtar, Department of Anesthesiology, The Aga Khan University Hospital, Stadium Road, Karachi, Pakistan.

E-mail: mohammad.irfan@aku.edu

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