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EURACT Journal Club session

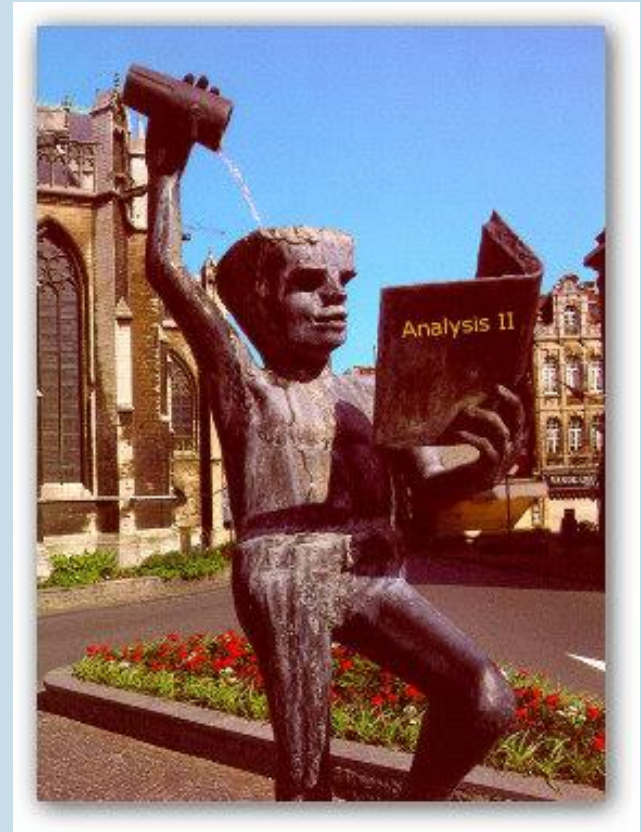
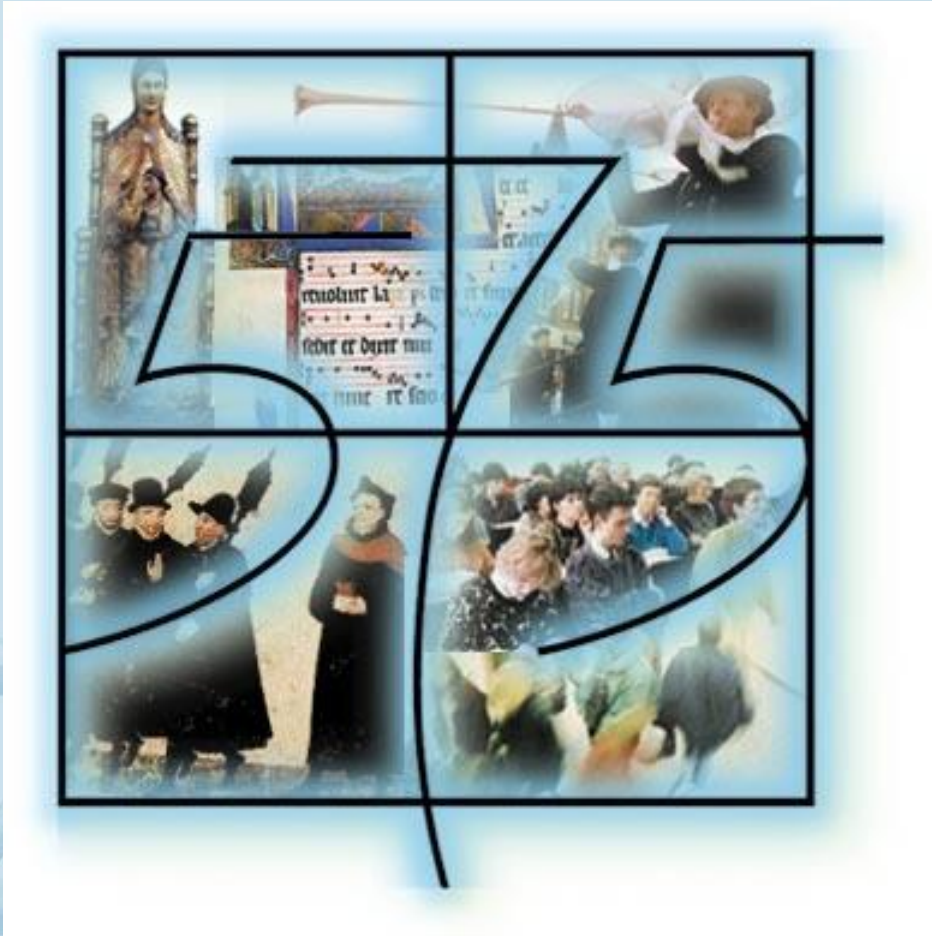
Professor JM Degryse MD PhD

Euract Council Meeting
Prague, April 23-25th 2015



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medical education in review

What is reflection? A conceptual analysis of major definitions and a proposal of a five-component model

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Medical Education 2014;48:1176-1189

“Nothing more practical as a good theory”

Lewin K

Introduction and background

Background:

- The concept of “reflection” has taken multiple meanings, and remains therefore difficult to operationalise.
- The literature doesn't provide a consensual definition.

Objective:

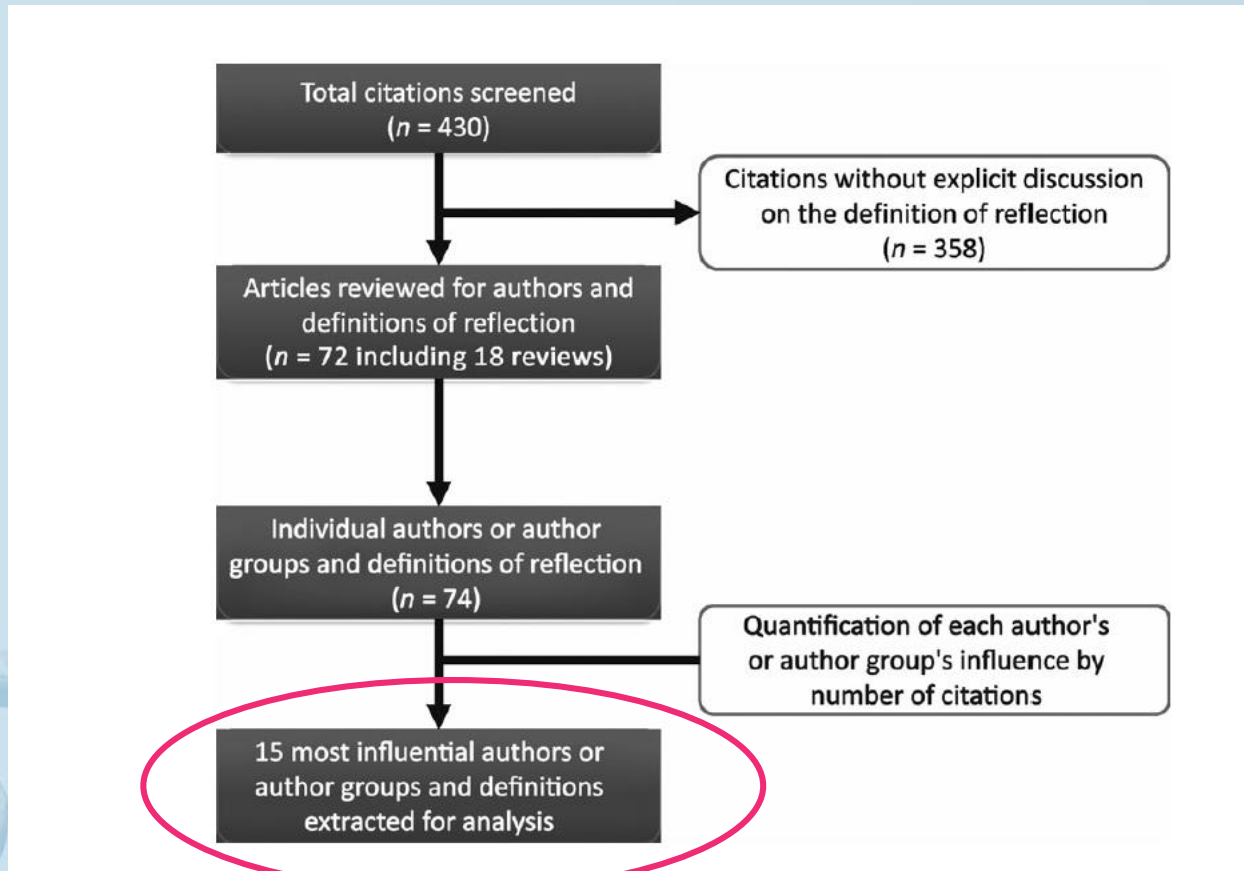
- To identify , explore and analyse the most influential conceptualisations of reflection
- To develop a new theory-informed and unified definition and model of reflection.

Introduction

- Reflection is viewed as a crucial component of curriculum and practice and is considered a requirement for lifelong personal and professional learning.
 - Shön (1983) “*The reflective practitioner: How Professionals Think in Action*”

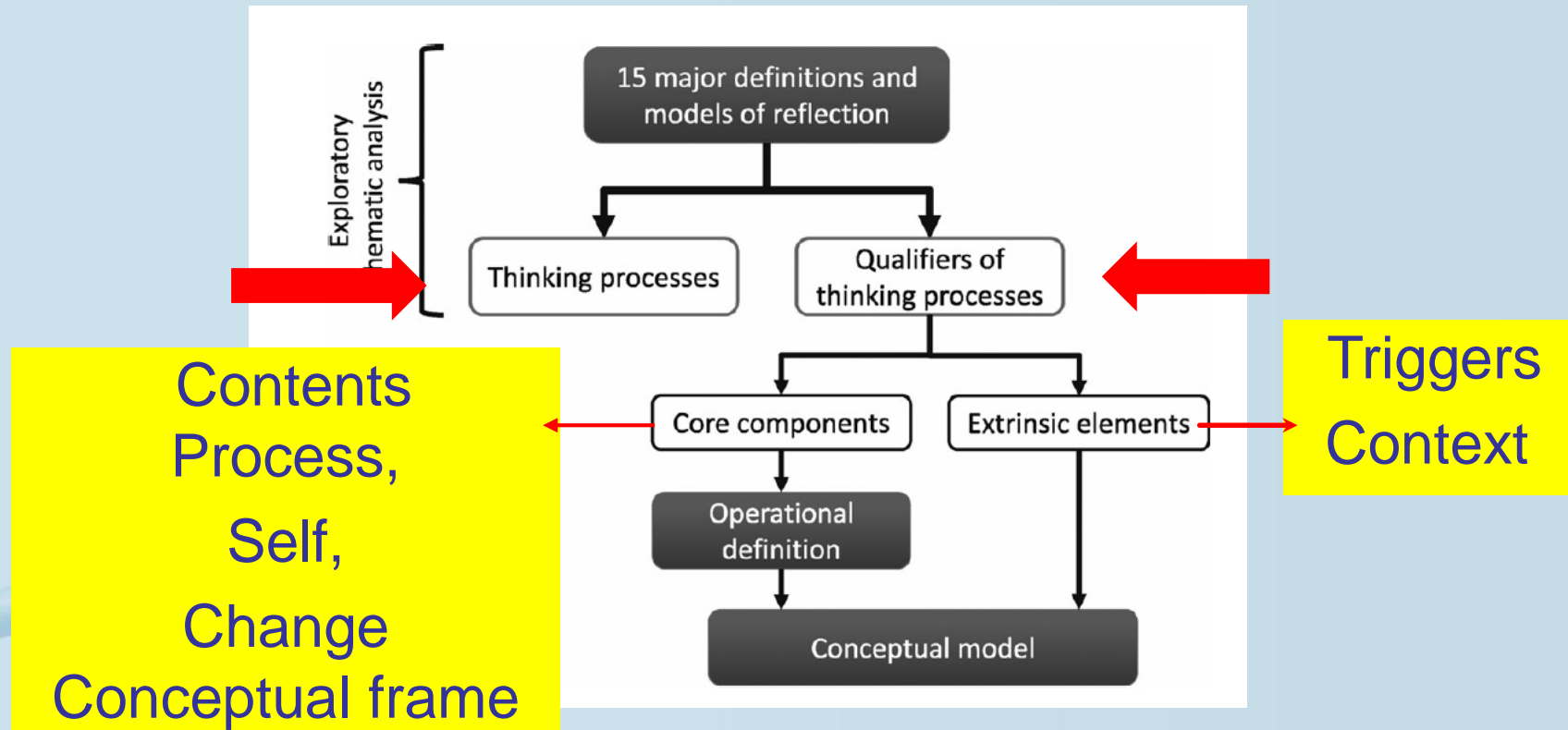
1. The lack of common explicit understanding of reflection impeded the development of practical methods to analyse, teach and assess it.
2. The imprecise understanding of reflection has often resulted in dilution of its meaning, which has at times equated to **simple thinking**.

Methods



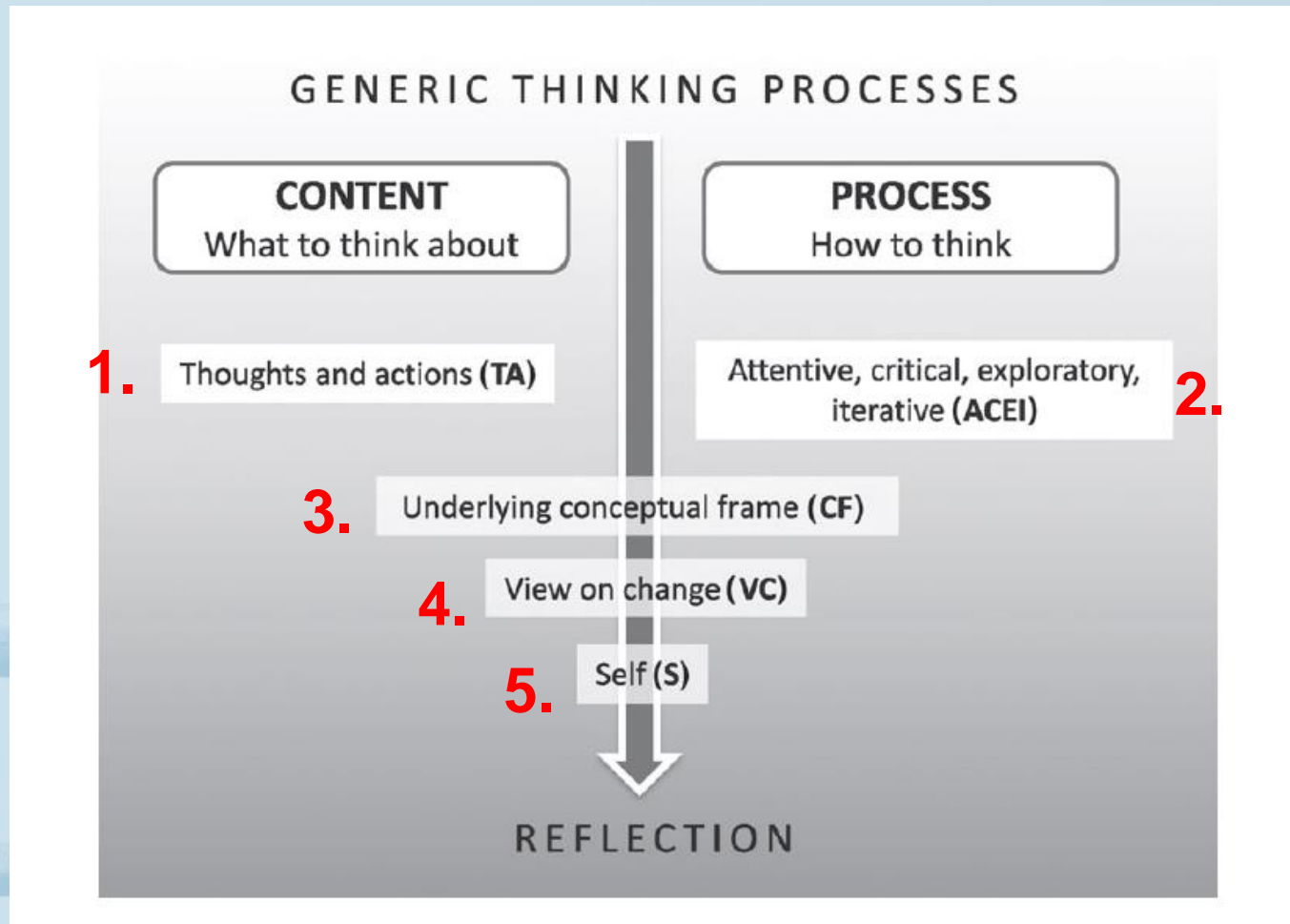
- Flow chart showing the selection of definitions

Exploratory thematic analysis



Process of exploratory thematic analysis of the definition and model

The Five core components of reflection



An operational definition

“Reflection is the process of engaging the self in attentive, critical, exploratory and iterative interactions with one’s thoughts and actions, and their underlying conceptual frame, with a view to changing them and with a view on the change itself.”



The extrinsic elements of reflection

- Reflection cannot occur in a vacuum. It is influenced by certain extrinsic elements
- They are *instances* of reflective thinking processes.

1. *The triggers of reflection*

They are located in “experience”

2. *The context of reflection*



Much ado about nothing ?

The proposed model describes explicitly the structure of reflection and its core components, and can therefore be used as a basis for the teaching of richer and more effective reflection



Implications of this model

- **Professional development and autonomy**
One's reflection and the resultant learning can be as deeply personal and autonomous as one's practice
- **Assessment and teaching**
 1. Reflection comprises five components
 2. Assessment should not be "dichotomised" into two categories: reflective and non/or pre-reflective, because of its multi-component nature
 3. The model can be used both for assessment *in action* and reflection *on action*.

Debate & Analysis

Supporting expert generalist practice:

the SAGE consultation model

Joanne Reeve, (2015)

British Journal of General Practice 65(633)207-208

School for Advancing Generalist Expertise (SAGE)

Consultation models

- 1957 M Balint - The Doctor, His Patient and The Illness
- 1964 E Berne - Games People Play
- 1975 J Heron - Six Category Intervention Analysis
- 1976 Byrne & Long - Doctors Talking to Patients
- 1979 Stott & Davis - The Exceptional Potential in Each Primary Care Consultation
- 1981 C Helman - Disease vs Illness in Gen Practice
- 1984 **Pendleton et al - The Consultation**
- 1987 **R Neighbour - The Inner Consultation**
- 1996 Kurtz & Silverman The Calgary-Cambridge Observation Guide to The Consultation

The Pendleton Model (1984)

The consultation, an approach to learning and teaching

- 1 Define the reasons for the patient's attendance (exploring ICE, Implications, aetiology etc)
- 2 Consider other problems
- 3 Identifying an appropriate solution to each problem
- 4 Achieve a shared understanding of the problems
- 5 Involve the patient in the management and encourage the patient to take responsibility
- 6 Use time and resources appropriately
- 7 Establish or maintain the doctor patient relationship

Roger Neighbour (1987)

The Inner Consultation

- A journey with five checkpoints
 - 1 Connecting
 - 2 Summarising
 - 3 Handing over
 - 4 Safety Netting
 - 5 House Keeping

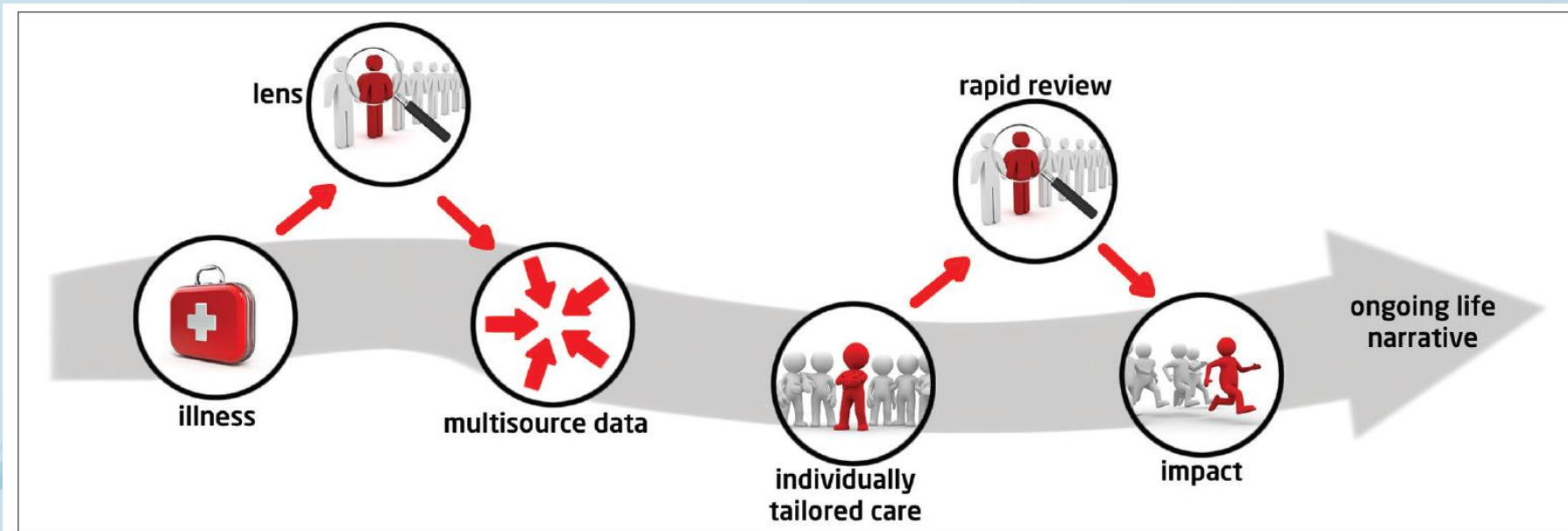
Housekeeping and safety netting are his original contributions

Introduction

- The distinct expertise of the generalist is in providing “*personalised illness care*”
- Individually tailored care requires more than just personal care, good communication skills and empathy. It also needs *personalised decision making*.

Reeve J et al (2013) *Generalist solutions to complex problems: Generating practice-based evidence- the example of managing multi-morbidity*. BMC Family Practice . 14:112

The SAGE model (2015)



The VIP lens



- To interpret something is to explain or provide meaning.
- The SAGE model focuses on the personal experience of illness.
- *The consultation starts by looking for vulnerability to biographical disruption, VIP, an imbalance of resources and demands.*

Multisource data



Individually Tailored Care



- All available data are weight up to generate an interpretation about what is wrong and what needs doing.
- The data as viewed from the VIP lens are used to co-create a new illness-account for the individual: a personalised explanation of illness.
- *The expert generalist acts as a gatekeeper between illness and disease*

Rapid review



- = the generalist element of a wider concept of safety netting
- =Asking does the decision provide a good interpretation of the individual's illness experience?

Impact review



- Within an interpretative framework we judge not only by how it is constructed but also by its impact i.e. *the extend to which it supports restoration of continuity of daily living and a reduction in illness.*
- *Feedback from the patient + critical peer review of our interpretation.*
- *A collective generalist reflection in considering, constructing, and applying ‘beyond protocol’ decisions.*

Do we really need a consultation model ?

- It allows us to address some of the barriers in coming to a individually tailored care an to personalised decisions.
- It helps us to describe to non-practitioners how generalist practice is distinct from other ways of working and why it matters
- It is of particular interest for GP's working in a European context where strong new public management creates organisational barriers to indivualised care.
- The model assumes a competence in the basics of consultation and is not a replacement for , but an extension of what is described in other models.