

Faculty Engagement in Reflection Groups: How to Foster Connection and Build Resilience

1. It's helpful to teach students **how** to reflect.

Below is the SOAP method* of writing a reflection paper that we teach medical students adapted from

** Adapted from: Aronson L, Niehaus B, Kruidering M, O'Sullivan P. UCSF LEaP (Learning from your Experience as a Professional): Guidelines for Critical Reflection. MedEdPORTAL. 2012. Available at: <https://www.mededportal.org/publication/9073>.*

CC:

Identify a Disorienting Dilemma to reflect upon

Subjective- Description

Consider what happened and how it happened: the situation and context

Focus on your thoughts and feelings at the time and after the event.

Objective

Consider an alternate perspective, go to the literature, talk to someone else about it

Assessment:

Synthesis of what was learned-What educational, personal or professional strengths and weaknesses have you identified?

How can you relate this experience to your past experiences to identify important challenges?

Plan:

What will I do differently next time as a result of what I have learned?

2. Have students reflect in writing before the small group reflection session so they have already processed the event.
3. Create an Atmosphere of safety and vulnerability by at least one faculty sharing a personal reflection to model the benefit and the process.
*"The strength of this process was the **honesty** of everyone present and the transparency of the faculty facilitators."*
4. Students appreciate being in small groups preferably with other students that they know or have some relationship with.
*"I find it helpful to know that my classmates are having similar experiences and that these include positive ones as well as negative ones. **It helps me to not feel alone.**"*
*"I appreciated the connection with classmates and mentors and the opportunity to see more of the humanity in each other. I am more **willing to support and care for my classmates.**"*
5. Faculty Presence in the small groups is helpful.

*“Faculty presence was very helpful in guiding the conversation, and adding a layer of **safety** in sharing, as well as **accountability to the assignment** and sharing.”*

6. Have a follow up plan for students who might have opened up some emotions and want to further process
7. Be aware that not all students like to process in a public forum and be sensitive to those who just want to listen. Some are learning by internally processing what they are hearing.

Suggestions for Faculty Facilitators to make this session meaningful

- Facilitators need to actively listen, by echoing what the student says rather than responding with insight or advice. Guide conversation with questions to spark other group members to engage. Ex: *“Have any of you ever felt like you had to make a choice between connecting with a patient and being on time to rounds? What was that like? How did you decide?”*
- Facilitators need to **show vulnerability and honesty**- consider having each leader start by sharing their own personal reflection about patient care
- Encourage other participants in the group to comment on the learner’s experience and offer **encouragement** and **validation**. Help them see how their brief experience fits into the bigger picture of medical practice or the vision of what kind of physician they want to be.
 - I can tell you really had compassion for that patient and I want to acknowledge that you made a difference with her.
- Facilitator is often called on to offer guidance and perspective- this is helpful, but try to discern when your words might detract from their discovery
- Be **genuinely interested and empathetic** with the student’s perspective. Consider it an opportunity to learn more about your students and their perspectives.
- Connect ideas between peers and then to a broader principle or perspective
 - *That medical error was really hard, lets think about ways we would want that error handled- This may lead into an evidence based discussion*
- Talk about how to reflect and make meaning and not just regurgitate the experience.
- Make sure to inform students of **resources to get help** for further processing-counseling, Director of Physician Vitality.

Things to stay away from:

- Don’t tell a big long story. Let the time be for students to share.
- Focus on the reflective process rather than the situation being discussed. Try not to get on your soap box and respond passionately to the “system”, focus on responding to the student.

- Be careful not to write off the student if they come across as arrogant, ask yourself what is really going on with them? Often overconfidence is really insecurity.

Shapiro J, et al.: Words and Wards: A Model of Reflective Writing and Its Uses in Medical Education J Med Humanit (2006) 27:231-244

