

# Teaching Tips

Volume 3 Issue 8 August 2012

## Department of Family & Social Medicine Faculty Development E-Newsletter



### Teaching Reflective Practice

The Class of 2016 arrived at Einstein this week. In addition to writing their own Oath, students participate in a reflective writing exercise during orientation. Further reflection is encouraged in Introduction to Clinical Medicine, but the practice seems to fizzle out by the time they reach the clinical clerkships. How can we encourage reflection in a busy, clinical setting?

#### What is Reflection?

Reflection is a core component of the experiential learning cycle. It is defined as a form of mental processing applied to relatively **complicated, real-life situations** (sound familiar) with no obvious solution and is based on making connections between previous learning and emotions.

#### Applying the Experiential Learning Model in Clinical Practice

This section offers examples of learning activities at each step of the cycle.

#### Concrete Experience

Student: Interviews patient, takes a history, performs the physical, or gives an oral presentation

#### Active Experimentation

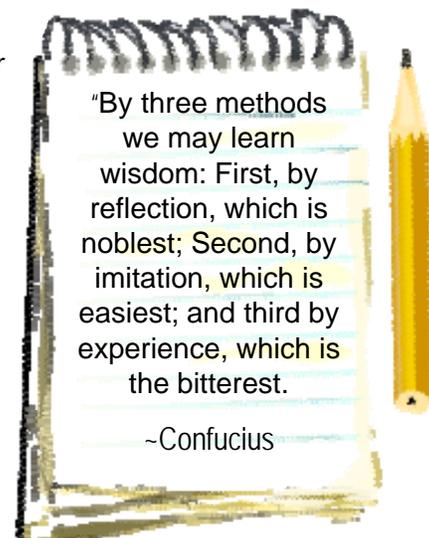
Student: Plans how to use new information in a new patient encounter  
Preceptor: Sets a specific learning challenge to test in next cycle

#### Reflective Observation

Preceptor: Asks probing questions  
"Tell me what was challenging." "Why might that have happened?" "How do you feel?"  
Student: Describes thoughts verbally or in writing

#### Abstract Conceptualization

Preceptor: Delivers teaching point based on students' reflection  
Student: Researches information to explain what was observed



-Confucius

#### References / Resources:

Kolb, D.A.(1984)  
*Experiential learning: Experience as the source of learning and development.* New Jersey: Prentice-Hall

Schön, D. (1983) *The Reflective Practitioner:* New York: Basic Books