

Blogpost:

## Reflecting on reflection



From a very young age we are told to, and recognise that we, 'learn from experience'. Some people are better at this than others and everyone recognises the casualties along the way who seem to have been unable to identify where they went wrong and repeat the same mistakes again and again. Such learning is not only valuable on an individual basis, but, is

also used to develop and change behaviours and systems within organisations – the basis of the long standing and much appreciated morbidity and mortality meetings in hospitals.

Reflection – the 'technical term' for learning from experience – is an intrinsic part of the learning and development of any doctor, such that it is embedded in all post graduate medical curricula and an essential part of the ARCP process. It doesn't stop there and through this process all doctors should be aware of how they can develop into reflective practitioners – where they use experiences, both positive and negative, to improve their practise.

Recently reflection has come under the spotlight and its basis as a useful tool for learning has been questioned. There is little evidence in the medical literature about reflective learning, but its benefits are evidenced in other walks of life – such as the world of elite sports, where it is acknowledged that learning is not an automatic process, simply associated with an event or experience, but it requires examination, analysis and, in some cases, an action plan, to shift the dial of knowledge. Critical reflection, therefore, is a process.

Recently the Academy and COPMED '*agreed that Doctors need to reflect and learn from experiences, both positive and negative, as part of the essential on-going development of medical professionals*' and '*committed to work to provide clear guidance for doctors in training, and those who support their education and training, on how to evidence their professional approach to learning*'

Initial short guidance has been **published** since to highlight the main points and to provide immediate, accurate information for all doctors. Further more comprehensive guidance will be available in due course.

Following the very sad, but now somewhat distant, case of Charlie Gard, Great Ormond Street Hospital promised the court that it would "reflect" on the case, seeking to learn lessons for the care of other children with rare and terminal diseases. Hopefully all involved in the more recent but equally sad case of Dr Bawa Garba will make similar promises.

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