Commentary: “I Hope I’ll Continue to Grow”: Rubrics and Reflective Writing in Medical Education

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Abstract

One respected tradition in medical education holds that physicians should struggle to maintain sensibility, openness, and compassion in the face of strong contravening tendencies. However, today’s medical education is structured around a more recent tradition, which maintains that physicians should struggle to develop emotional detachment as a prerequisite for objectivity. In this model, sensibility and reflective capacity are potentially subversive. Reflective writing is one component of a revisionist approach to medical education that explicitly addresses reflective “habits of the mind” as core competencies and builds on existential concerns voiced by medical students. In response to Wald and colleagues’ study, the authors reflect on the role of repeated formative feedback in developing reflective capacity.

The challenge will be finding a balance between being objective and being compassionate.

These students will soon discover that medical education neither fosters open discussion of character and virtue nor provides the learner with much guidance in developing reflective skills, like empathy and practical judgment. The educational climate they encounter is largely at odds with a key insight of physician educators of the past. These physicians had framed professional development, at least in part, as a struggle to nourish “sensibility of heart,” “affectionate, sympathizing spirit,” “tender charity,” and “intensely personal values” in the face of medicine’s “manifest tendency to harden and corrupt the heart” and to desensitize “the human heart by which we live.” They warned that unless students and practitioners devoted “time, sympathy, and understanding” to this endeavor, they would be vulnerable to “this coldness of heart, this moral insensitivity.” They obviously believed that character development during medical education was an attainable goal and that teachers bore substantial responsibility for guiding students toward its attainment.

Although many physicians voiced similar concerns during the last half century, medical education in practice adopted a different perspective. Given the new scientific and economic context of health care, the growth of professional virtue, although avowedly still important, was no longer considered a goal of medical training. Rather, this new tradition held that virtue, empathy, and compassion could not be taught. Moreover, medicine’s tendency to harden the disposition underwent a sea change. Reframed as “detachment” and “objectivity,” this process, once considered a disastrous side effect of medical practice, now emerged as a highly beneficial outcome for engaging in “hard” medicine. “An affectionate, sympathizing spirit” was replaced by detached concern. In 2003, Thomas Inui, surveying the results of these changes, observed:

Every source of information I can find suggests that the lived experience of medicine is best characterized as a struggle. The circumstances into which we are thrust—because of the very nature of our work—challenge us, and this idealistic view of medicine, regularly.

Yet, he concluded, “The formative trajectory of medical students is one that prepares them poorly for the kind of life commitment that we as faculty … hope they make in their careers.”

Long before Inui wrote these words, academic physicians had adopted the...
term “professionalism” to characterize a large, unruly crowd of character traits, virtues, duties, skills, manners, and professional practices. The explosive growth of the movement to introduce this concept into medical education generated many creative new initiatives but also collateral damage. For example, frequent, mantra-like repetition of the word “professionalism” can seem a one-size-fits-all solution for deep-seated problems in medical education. Likewise, students, who already labor under the weight of a Sisyphean educational burden, can experience professionalism language as preachy and didactic. The movement has provided a wealth of opportunity for academic provers, definers, organizers, builders, debunkers, and politicians. Fortunately, it has also inspired exciting new strategies, including the introduction of narrative medicine, reflective practice, and, specifically, reflective writing, into the curriculum.4

In a quick search of databases available through Stony Brook University’s Health Sciences Library, we discovered that the topic “reflective practice” first made its appearance in the literature in the late 1990s and included only 14 articles before 2006. This increased to 150 articles between 2006 and 2009 and to 609 from 2006. This increased to 150 articles between 2006 and 2009 and to 609 from 2009 through July 2011. “Reflective writing” showed the same explosive growth.

What is reflective capacity? In 2000, Donaghy and Morss5 defined it as “the practitioner to be attentive, curious, and deriving meaning.”9 Wald and colleagues9 are leaders in the transformative learning, which introduces the student to new ways of conceptualizing his or her experience. Both have relevance “for gaining insight to guide present and future behavior.”9 Guiding, not grading, is the key.

The REFLECT rubric is notable for its good psychometric properties and its plausible claim to validity—that is, actually measuring critical reflection. Likewise, the authors’ iterative process of construct development is a model of careful, systematic thinking. Wald and colleagues maintain the focus on teaching and assessing reflective skills by specifying outcomes that require critical reflection—confirmatory learning, which provides support for “frames of reference or meaning structures,” and transformative learning, which introduces the student to new ways of conceptualizing his or her experience. Both have relevance “for gaining insight to guide present and future behavior.”9

The authors argue that, as is the case with any type of skill, reflective skills require practice, feedback, and more practice. This perspective generates their most important recommendation: “We propose the use of the REFLECT rubric as a developmental tool within medical education … for formative rather than summative assessment purposes.”9

Reflective writing is one component of a revisionist approach to medical education that explicitly addresses existential concerns voiced by medical students. Accurate formative feedback is critical to this process, just as it is in learning direct patient care. One respected tradition in medical education holds that physicians must work hard to maintain sensibility, openness, and compassion in the face of strong contravening tendencies. However, today’s medical education is structured around a more recent tradition, which maintains that emotional detachment should be sought and sensibility suppressed. Reflective writing is an important tool for restoring reflective “habits of the mind” to core competencies of medical practice.

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