Student Perception of Reflective Practice to Improve Patient Care

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Background
There is a growing need for innovative programs that integrate attention, respect, affiliation, trustworthiness, and interior dimensions of clinical work in medical students. This has been motivated by institutional mandates from both the Accreditation Council for Graduate Medical Education (ACGME) and the Royal College of Physicians and Surgeons of Canada (RCPCSCanMEDS)1,2. Courses that have failed to emphasize these skills have been attributed to the erosion of health professional student empathy, and enable moral stagnation or cynicism3. In response, Narrative Medicine has emerged as a demonstrative means for improving team cohesion, perception of others’ perspectives, and decreasing burn-out and compassion fatigue4. To confront these challenges, OHSU School of Medicine has integrated Narrative Medicine and its essential skill of reflective practice since Summer 2014 in a longitudinal fashion threading the MS-I through IV curriculum, aligned both with core didactic and clerkship experience.

Goals & Objectives
A longitudinal cohort analysis has yet to be performed to evaluate changes in student perception toward the Narrative Medicine curriculum over the course of their experience as medical students. Perceptions of self, role, and professional identity formation are molded over the experience of the curriculum, with room for critical thinking and intentional reflection identified as necessary supports for this process. Acknowledging the potential to better align reflective practice with student personal and professional development, we set out with the hypothesis that students’2 deepening their appreciation for the role of reflective practice having completed the YouMD curriculum. This goal ultimately aims to build a culture of safety and continuously improve patient care over the course of medical school training. We additionally recognize the potential for practicing key factors of emotional intelligence that emerge in the process (i.e. self-awareness, self-regulation, motivation, empathy, and social skills).5

Methods
We surveyed both the incoming class of 2021 (MS21) and outgoing class of 2018 OHSU (MS18) medical students. Students were asked to respond on a 1 through 10 Likert scale (qualitatively ranging from fully disagree to fully agree) regarding seven different statements involving the practice of Narrative Medicine. These statements highlighted students’ thoughts about the personal & professional applicability of Narrative Medicine in a current and longitudinal setting. Students were also asked to free text a response in 500 characters or less to the question, “What is reflective practice?” Additionally, the outgoing class of 2018 was asked to free text a response about how their perspective on reflective practice changed having completed their undergraduate medical education.

Results
Agreement to the “current application of reflective practice” as to identify gaps in knowledge and areas of improvement was proportionally greater in MS18 responses compared to MS21 (Figure 1). Approximately 60% compared to 20%, respectively. Disagreement was proportionally greater in MS18 responses compared to MS21 to both “adaptive interpersonal and communication skills” as essential skills for physicians (Figure 1. Approximately 20% versus 0%, respectively) and “reflective practice is an essential activity” to improve patient care (Figure 1. Approximately 33% compared to 90%, respectively). Additionally, “adaptive and interpersonal communication skills” demonstrated the largest proportional increase in neutral responses (Figure 1. MS18 33%, MS21 5%) across all three examined statements.

Impact & Effectiveness
Outgoing MS18 students appear to most commonly implement the YouMD reflective practice as a means for self-centered improvement and internal reflection of experience. This was trended to be a generally positive change in perspective on the value of reflective practice. Thus over the course of four years of Narrative Medicine curriculum, the graduating MS18 class finds narrative medicine’s impact in its effectiveness in making professional and personal sense of an individual’s place in an otherwise complex medical system. In contrast, entering MS21 students appear to most centrally find value in reflective practice for its applicability to improved patient care. This suggests that our original hypothesis of demonstrated appreciation for reflective practice over the course of a Narrative Medicine curriculum most effectively comes from within the student him or herself. Ultimately, our comparisons help continually build a foundation to support the importance of reflective practice in undergraduate medical education specifically with medical student professional identity development. Further qualitative comparisons of OHSU medical student cohorts could extend the model of reflective practice to mitigating burn-out and cynicism. The medical student transition from layperson to clinician can be perpetually enhanced through reflective practice, thus giving lifelong meaning to both the end goal and journey of becoming a physician.

Conclusions
1. Narrative Medicine can establish skills to support team cohesion, appreciation of diverse perspectives, while decreasing burn-out and compassion fatigue.
2. Between MS-I and MS-IV a perspective shift occurs on the role of reflective practice from improving patient care, to self-improvement.
3. Reflective practice is a valuable curricular model for fostering student physician identity development and emotional intelligence.

References