

## Reflective Marking – Self Directed Module

### Clinical Educator Programme

#### Module Outline

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This is a self directed Clinical Educator Programme (CEP) module in reflective marking. In order to complete the module you are required to do the following:

- Read and reflect upon the following the following three published articles on reflection and its assessment as stipulated by the programme.

**Branch, W.T and Paranjape, A., 2002. Feedback and reflection: teaching methods in clinical settings. *Academic Medicine*, 77 (12), pp. 1185 – 1188**

**Wald, H.S., Davis, S.W., Shumel, P.R., Monroe, A.D. and Borkan, J.M., 2009. Reflecting on reflections: enhancement of medical education curriculum with structured field notes and guided feedback. *Academic Medicine*, 84 (7), pp. 830 -837**

**Pee, B., Woodman, T., Fry, H. and Davenport, E.S., 2002. Appraising and assessing reflection in students' writing on a structured worksheet. *Medical Education*, 36, pp. 575 - 585**

- Read **six** reflective essays submitted by year three undergraduate medical students, providing a final mark with written structured feedback. You will have four weeks to provide this information. Essays will be randomly assigned and emailed to you. You should complete the feedback electronically using the word document provided to return your work. Extensions to marking cannot be offered as marks must be submitted prior to end of year examinations. If you are having difficulty with marking please contact [cleanliness.champions@ed.ac.uk](mailto:cleanliness.champions@ed.ac.uk) as soon as possible.

Your marking will be reviewed by the CEP team and feedback will be offered. This module falls within CEP/GMC Framework Area 4 “enhancing learning through assessment” or can count as an optional module towards level 3 accreditation.

## Learning Objectives

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- Identify core recognised models of reflection.
- Distinguish key concepts of reflection and reflective marking from published research papers.
- Assess undergraduate coursework in line with your understanding of reflective writing, taking into account the student's clinical and reflective experience.

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## Introduction - Reflection and medicine

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The spotlight has been placed upon reflection and medicine in recent years, partly due the demands of the GMC for medical teaching institutions to 'produce' doctors who are reflective and competent practitioners (GMC, 2009). This stance has prompted reviews on why the ability to reflect is vital and to provide evidence for the linking of reflection and good medical practice. Proposals of the benefits of reflection are by no means a recent concept. The writings of Dewey (1933), Schon (1983, 1987) and Benner (1984), to name but a few, provide convincing arguments for its key role in personal and professional development and learning. The current research literature on reflection in medical education generally supports these views and the benefits are presented in the table below.

<b>PERSONAL</b>
The individual's development of morality, their personality and emotions leading to psychological and cognitive growth (Branch & Paranjape, 2002, Hamilton, 1999).
Strengths and weaknesses can be identified, promoting self awareness (Hays & Gay, 2011).
Behaviour is challenged (Schaub-de Jong et al., 2011).
<b>PROFESSIONAL</b>
Professional practice can be improved and importantly, maintained through an entire career (Hays & Gay, 2011, Plack et al., 2007).
Clinical reasoning, decision making and critical thinking is cultivated (Plack et al, 2007, Wald et al, 2009).
Professional behaviour is borne from role modelling and exploration of current practice (Schaub-de Jong et al., 2011, Wald et al. 2009).
Improved patient care and doctor-patient interaction (Wald et al., 2009).
<b>LEARNING</b>
Previous learning is explored and questioned (Burton, 2000).
Using a guide, deeper learning can be aided (Wald et al., 2009).
Knowledge and experience can be brought together to form meaning (Plack et al., 2007).
Skills of analysis and critical thinking are fostered (Plack et al., 2007, Hays & Gay, 2011).
Reflection provides a forum for learning to be student/practitioner centred, giving the learner authority to address their own learning needs for life-long learning (Plack et al, 2007).

## Infection control and medicine

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Health Care Acquired Infection (HAI) is a significant problem within the healthcare environment and has evolved into a public health issue with local, national and global dimensions. HAI can result in increased morbidity, disease burden and mortality. The National Education Board for Scotland (NES) produced the Cleanliness Champions e-learning program to educate all Medical professional on Infection Prevention and Control.

The Cleanliness Champions programme was produced for all Health Care professionals and aims to; inform of infection control encompassing the standard infection control precautions (SCIPS), facilitate the development of role models within the clinical area, and challenge and change sub- optimal practice. The program asks demands reflection upon clinical practice, taking into account the impact of HAIs on patients, relatives and healthcare professionals, and the consequences HAIs have on the service delivery.

The overall aim of the cleanliness champions programme is:

*“to prepare staff to promote and maintain a healthcare culture in which patient safety related to infection prevention and control is of the highest importance.”*

It focuses on two key themes which contribute to a safety culture, promoting a safe practice and ensuring a safe patient environment.

Further information on the national programme can be found at:

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/cleanliness-champions/introduction-to-cleanliness-champions.aspx>

Over a number of years, clinical skills staff within the University of Edinburgh medical school have been directly involved with the development and evaluation of a programme specifically dedicated to undergraduate medical student need. The programme is hosted within learn pro and over the students first three years of the five year programme, they complete nine online modules. In order to complete the programme and progress to their forth year they are required to write and submit a reflective essay.

## Medical students and infection control

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It is unfortunate that in 2013 the infection control practice of Edinburgh medical students hit the national headlines.

<http://news.stv.tv/east-central/250369-poor-hygiene-practices-from-students-at-edinburgh-royal-infirmary/>

### **Medical students 'put hospital's patients at risk with poor hygiene'**

**Medical students at the Edinburgh Royal Infirmary are putting patients at risk of infection with their poor hygiene practices.**

Inspectors made an unannounced visit to the hospital on October 2 and said the team of trainees were "very poor" at washing their hands. The Healthcare Environment Inspectorate (HEI) team also criticised them for ignoring basic rules like tying back long hair and not wearing jewellery.

Other areas of concern include sharp bins, containing used needles, not being shut and traces of blood on a bed rail and the base of a drip stand. Half of the hospital mattresses checked had dirty sheets and six out of ten commodes which had been marked as clean were actually contaminated.

The HEI report set out four requirements for improvement at the hospital. These include improving hand washing, ensuring staff are appropriately dressed and that staff follow the procedures for monitoring and cleaning patient equipment. Despite the criticism, the report said "good progress" had been made at the hospital.

An earlier inspection over two days in April and May found that clean bed linen for the pregnancy support centre was being stored in toilets. Inspectors found the standard of cleanliness in the acute medical unit and staff use of personal protective equipment had improved since the last visit.

Hospital bosses have now agreed an action plan with the health board to make the changes within a month. Margaret Watt, chairwoman of the Scotland Patient Association, criticised the medical students for putting patients at risk. She said: "If they are not doing it at this stage when they are learning, then I am very concerned for the future. "They have got uniforms and they should wear them properly. The rules should be enforced. It shouldn't take a month either, they should get 48 hours' notice and that's it."

Fiona Cameron, head of infection prevention and control at NHS Lothian, revealed the trust have now invested in 200 new mattresses for the hospital. She added: "We are working proactively to address the recommendations highlighted by the inspectors and have already implemented new ways of working which will ensure that cleaning schedules meet the specific needs of the acute medical unit. "We are addressing the remaining requirements as a matter of priority as part of an ongoing improvement plan."

## The reflective essay

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The critically reflective essay should be a short description of their experience of infection prevention and control in the clinical environment. They may discuss interesting events but most importantly are encouraged to relate this experience to their learning from the Cleanliness Champions Program. With reference to the literature they should provide a critical analysis on what they have learned and how this will help them change practice in the future.

Students are still grasping the concept of reflective writing at this point in their undergraduate training and some may struggle with the subtle difference between description and reflection and this should be taken into account when marking and providing constructive feedback. They are encouraged to use a reflective model and are introduced to two mainstream evidence based models, Gibbs (1988) and Kolb (1984) or an alternative reflective tool which suits their style of learning.



**Gibbs (1998)**



### **Kolb (1984)**

The essay should:

- Have their matriculation number on both pages.
- Be in A4 format with easily readable font (e.g. Times New Roman 12pt, Arial 10pt).
- Approximately 1000 words/ 2 pages in length.
- Appropriately referenced.

## Providing feedback

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Feedback should be balanced and specific and offer insightful guidance through which the student can reflect deeper to explore issues further. You may wish to use one of the models for structured feedback which are recommended in the CEP workshop 'Giving Effective Feedback'.

Two main models are:

### **BOOST**

- B** Balanced strengths and weaknesses dialogue
- O** Observed, evidence based
- O** Objective, behaviour not personality
- S** Specific, examples and future action
- T** Timely, immediately (appropriateness), regularity

### **Pendleton et al. (1984)**

1. Trainee leads on what went well
2. Supervisor discusses what went well
3. Trainee identifies what didn't go well
4. Supervisor discusses what didn't go well (prioritise)
5. Recommendations for change
6. Discuss how improvements can be made

You should also draw upon the published articles provided for guidance when marking and providing feedback.



## References and further reading

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