Innovative feedback strategies in clinical practice: A reflective approach

Helen Griffiths
Senior Lecturer - Senate Award Fellow
Academic Unit of Ophthalmology & Orthoptics

Margaret Freeman
Faculty Director of Learning & Teaching
Department of Human Communication Sciences
What we plan to do
A Reflective Clinician: How do we achieve our aim?

• Reflective practice
  – Methods and effectiveness

• New developments
  – Online reflective portfolio with feedback flags
  – Interactive tutor /student reflection
  – Video patient assessment with student reflection & tutor feedback

• Discussion
Clinical Teaching: Do we achieve our aims?
Clinical Teaching: Do we achieve our aims?

Competent to practice
Clinical Teaching: Do we achieve our aims?
Clinical Teaching: Do we achieve our aims?

What’s the difference?
Clinical Teaching: Do we achieve our aims?

What’s the difference?

- Academic ability
- Personality
- Communication
- Approach to clinical work
- Questioning
- Always looking to improve
- Evaluates - willing to change
Clinical Teaching: Do we achieve our aims?

What’s the difference?

- Academic ability
- Personality
- Communication

- Approach to clinical work
- Questioning
- Always looking to improve
- Evaluates - willing to change
Clinical Teaching: Do we achieve our aims?

What’s the difference?

Academic ability

Personality

Communication

Approach to clinical work
Questioning
Always looking to improve
Evaluates- willing to change
The reflective clinician
How do we achieve this?
The reflective clinician

Thought to be a genuine way of fostering change in professional action to improve patient care.
The reflective clinician

Thought to be a genuine way of fostering change in professional action to improve patient care.
The reflective clinician
How do we achieve this?

Thought to be a genuine way of fostering change in professional action to improve patient care.

“Being critically self-aware is an acquired skill that comes with experience and great intellect” Moran & Dallat, 1995.

The reflective clinician
How do we achieve this?

Thought to be a genuine way of fostering change in professional action to improve patient care.

Can individuals be forced to be reflective?
Will students engage if it’s not assessed?

“Being critically self-aware is an acquired skill that comes with experience and great intellect” Moran & Dallat (1995).
The reflective clinician
How do we achieve this?

Thought to be a genuine way of fostering change in professional action to improve patient care.

"Being critically self-aware is an acquired skill that comes with experience and great intellect" Moran & Dallat (1995).

Does the practice of RP for assessment purposes limit its effectiveness?

Can individuals be forced to be reflective?

Will student engage if it’s not assessed?

The University Of Sheffield.
**The reflective clinician**

**How do we achieve this?**

Thought to be a genuine way of fostering change in professional action to improve patient care.

Does the practice of RP for assessment purposes limit its effectiveness?


“Being critically self-aware is an acquired skill that comes with experience and great intellect” Moran & Dallat (1995).

Can individuals be forced to be reflective?

Will student engage if it’s not assessed?

Reflection during clinical placement

Reflection during a clinical session

Thinking, correcting, improving, questioning themselves during testing

TIME to reflect at the end of the session to write notes / questions

What succeeded? And why?
What would you change? And why?
What professional skills have improved? And why?
What further action will you take?
How will you use these reflections in future?
Reflection during clinical placement

Reflection after the clinical session

Encourage the use of reflective log books
Reflection during clinical placement

Reflection after the clinical session

Encourage the use of reflective log books

Checks of these disappointing:

- Few entries
- Think only rare things interesting
- Often just a list of test results
- Vital information missing
- Little, if any, reflection / action
Reflection on return from placement

Reflective practice meeting - academic tutor
15 minutes/student

Present an account of a patient encounter and reflection on this
• What succeeded? And why?
• What would they change? And why?
• What have they learnt, how have they extended their knowledge?
• What professional skills improved? And why?
• What action have you taken to improve further?
• How will they use these reflections in future sessions?
Reflective practice meetings

A total of 8 one-to-one reflective practice sessions

Year 1
- 3 placements - total 7 weeks
- Challenge to talk in new professional language

Year 2
- 3 placements - total 12 weeks
- Struggle to select a case, haven’t gone that step beyond what they did in clinic

Year 3
- 3 placements - total 12 weeks
- Few approaching professional level - majority not
- What are we meant to be doing in reflective practice? Can we have more guidance?
Clinical Teaching - Best Practice

Before
- Preparation
- Information

During
- Induction
- Supervision
- Feedback

After
- Reflection
- Preparation

Staff Student Committee
Student Focus Groups

Clinical Placements
Clinical Teaching - Best Practice

Before
- Preparation
- Information

During
- Induction
- Supervision
- Feedback

After
- Reflection
- Preparation

Staff Student Committee | Student Focus Groups

Structure
Guided reflection
What will we gain?
Development of online reflective portfolio with tutor feedback
Development of online reflective portfolio with tutor feedback

Clinical Cases

<table>
<thead>
<tr>
<th>Outcome name (link)</th>
<th>Total</th>
<th>Quick submit button</th>
<th>Feedback flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Investigate and diagnose patients with primary concomitant horizontal deviations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Diagnose and classify amblyopia and eccentric fixation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Assess ocular movements testing all systems clinically and record results appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Discuss and select appropriate management for patients with concomitant primary and consecutive deviations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Appreciate the role of refractive error in the management of strabismus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Support appropriate management for all cases of amblyopia, implementing this where indicated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Investigate and diagnose cases of neurogenic strabismus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Investigate cases of mechanical strabismus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Initiate management plans for cases of concomitant strabismus and demonstrate awareness of the prognosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Discuss management options in cases of neurogenic strabismus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Diagnose and discuss management options in cases of mechanical strabismus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Demonstrate knowledge of the investigation and management of infantile esotropia and Duot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investigate, diagnose and manage anomalies of convergence and accommodation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Investigate, diagnose and manage cases of concomitant strabismus with emphasis on differential diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Investigate and diagnose the presence of all ocular motility defects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Discuss possible etiology and the role of lesion for specific ocular mobility defects, and the tests required that confirm correct diagnosis, e.g. testing blood pressure, urinal, MRI scan etc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Understand how sensory adaptations influence patient management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investigate, diagnose and classify nystagmus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Differentiate between congenital and acquired nystagmus and appreciate the significance of this differential diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Demonstrate how Orthoptic investigation and management may be tailored to meet the needs of a patient with disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Accurately investigate and diagnose patients attending the Orthoptic Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Evaluate results to formulate a management strategy appropriate for individual patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Demonstrate an understanding of evidence-based practice to enhance clinical decision making</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Development of online reflective portfolio with tutor feedback
Development of online reflective portfolio with tutor feedback

• Whose information is it?

• Should we expect this to be accepted by all students?

• If compulsory, does it still retain validity as genuine reflection

• Only achieves the aim if the student is comfortable sharing with the tutor and thinks this type of experience/feedback will be helpful

• Necessary skill to develop evidence of reflective practice for CPD / registration

Development of online reflective portfolio with tutor feedback

Only do unto others what you would like them to do to you!
A reflective clinician

“Mindful practitioners attend to their own physical and mental processes during ordinary, everyday tasks. This critical self-reflection enables physicians to listen attentively to patients’ distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so that they can act with compassion, technical competence, presence and insight. Although *mindfulness cannot be taught explicitly, it can be modelled by mentors and cultivated in learners.*”

(Epstein, 1999)
Cultivating reflection

Problem-based learning using ‘real’ examples from National Paediatric and Strabismus Network

- Questions and problems experts in the field were asking
- Much more focused
- “Real life” – it mattered more
- Encouraged critical thinking with a matter of urgency
- Challenged to develop a strategy for arriving at a solution
- What could they add? Important contribution?
Development of Tutor shared reflective practice

- Anonymity
- Not to be shared outside the group
- Professional behaviour and standards apply
Development of Tutor shared reflective practice

Presenting features
My expectations for clinical findings
Inconsistencies in test finding
My analysis of this and clinical decision

Questions I have on this case

My actions
What have I learnt?
Development of Tutor shared reflective practice

Video

Journal

Using evidence to predict outcome of treatment in my case

Applying case to literature

Journal abstract

Dec 7, 2011 9:48 PM (in response to Helen Griffiths)

Re: Reflective practice - abnormal eye movements associated with blepharospasm, involuntary lid closure and empty pituitary fossa

If any Third Years are having a look I just came across this video. I'm not sure if any of you have seen Blepharospasm in clinic or not but I haven't and thought this video was quite good, it then goes on to talk about using Botox as well at about 5 minutes in. A few of the patients near the start are showing the involuntary lid closure.


It's from the Benign Essential Blepharospasm Research Foundation if anyone wants to have a look on there for information.

(http://www.blepharospasm.org/#A12)

The journal I've hopefully attached (Azemdeh et al, 1994) quite old but talks about 4 case patients who had abnormal eye movements as well as Blepharospasm. I found it quite hard to read, it's pretty long, but one of the four had involuntary vertical eye movements, and 3/4 also had involuntary horizontal saccade-like eye movements which seems to be similar to the patient?

Case 2 in the journal had Botox which helped reduce his Blepharospasm, but it says it didn't help the abnormal eye movements, so we might expect this to be the case as well in the patient Helen saw?

Attachments:

Abnormal Eye Movements in Blepharospasm and Involuntary Levator Palpebrae Inhibition.pdf (125 KB) Preview
Found journal article to support poor outcomes where other neurological deficits

Questions dosage of BT used, refers to table of dosage

Relates this to own experience on placement at Moorfields Eye Hospital, questions dose/effect relationship
Case presentation

Unusual findings post-op

How I communicated with the patient

Clinical outcome

What I did I do to gain successful outcome?
Served as a reminder of anxiety faced by patients

What have I learnt?
How this experience will influence my future practice.

Several email responses
Description of the clinical situation and problems with the testing area

Outline of my ideas to improve this and actions taken
Student feedback

“This is a great insight into the types of problems Helen faces in clinic and how she deals with them. It provides a challenge for me to see if I can answer the questions and find some evidence for the group.”

Competitive – If they are doing it, I must do it

Developing the ‘want to learn’ / ‘need to learn’
Student feedback

“I have never replied or added to a discussion as I’m not confident to do that but I still learn a lot by thinking about the cases.”

“I have found it helpful to see how others approach their reflective practice so that I can use similar strategies during my reflective practice”

“The uspace group makes reflective practice seem something that is easier to achieve, whereas in the past I feel that it has been difficult.”

Has a template for own reflection

“Making sense of it”
Outcomes of reflection

**Negative**
- Extra pressure/time
- Lack of Impact
- Reflection without learning
- Rejection by students
- Inappropriate disclosure

**Positive**
- Promotes deep learning
- Increased awareness
- Improved thoughtfulness before and during practice
- Allows bridging theory and practice
- Encourages evidence-based practice
- Makes practice more interesting
- Develops ownership

Boud & Walker, 1998
Margaret’s commentary on Helen’s approach...

“We don’t see things as *they* are, we see things as *we* are “

(Anais Nin, quoted by Epstein, 1999)
Research into practice knowledge and learning tell us:

• Learning in practice is different from learning in HEI (Hamm, 1988; Schön, 1995;)

• Practice “know how’ may be tacit and not readily articulated (Eraut, 1995; Higgs & Titchen, 2001)

• Clinicians may also be unused to articulating aspects of their practice in detail (Epstein, 1999)

• Students may not be able to ‘see’ the detail or complexity of practice, without some support and guidance (Stengelhofen, 1992)

• So, students may not have an adequate ‘template’ for reflection – The process needs to be articulated (eg Helen’s model)
REFLECTION
Helen provides effective practice learning by:

- Modelling reflection on practice (Schön, 1983)
- Cognitive apprenticeship (Collins et al., 1989)
  - Deconstructing the processes
  - Providing signposts to learning, to:
    - specific events/critical points
    - her expert thinking processes (tacit > explicit)
    - the process of seeking the evidence base
- Scaffolding students’ learning
- Collaborative learning
  - student & tutor share in problem-solving
## Comparison of learning contexts: students’ responses

### University
- Context (environment, patients, staff, peers) and the student role are familiar
- Student may remain passive
- Information usually provided in structured, linear form in lectures
- Or, guidelines are provided, goals of learning activity are explicit
- Emphasis typically on “knowing that” (Eraut, 1994)

### Clinic
- New context, new role
- Context requires student to be more active
- Information may emerge in different time frames; structure of information tends to be less clear
- The information available may be tacit, may require deduction and reasoning...but guidelines, structure etc may be implicit
- Emphasis on “knowing how’
How can we enable students to transfer learning, from classroom to practice?

**IF:** “We don’t see things as *they* are, we see things as *we* are “

**THEN:** We need to encourage students to learn how to ‘think like a practitioner’, before they leave the university

The question is, how can Uni staff help to:

- make the tacit thinking processes more overt?
- enable the student to develop the cognitive skills?
ViSUAL Voice: an example of ‘bridging the gap’ between classroom and clinic

STARTING POINT:
Action in the diagnostic interview tends to be:

- Responsive to patient’s telling of the ‘story’
- Rapid and dynamic
  - Possibly ‘messy’, as a result
- Student observers may not ‘see’ the significance

ACTION PLAN

- Record an interview
- Construct tutorial which guides observation & clinical reasoning
Construction of Tutorial

- Initial interview recorded
- Context transcribed and analysed by 2 tutors
  - (DS as ‘clinician’; MF as ‘tutor’)
- Interview split into small sections
- Questions asked of students, eg:
  - ‘What’s happening here?’
  - What’s the rationale for SLT’s question?
  - What does this task tell us?
Questions emerge at end of recording

Tutor’s answers emerge after student has responded

1.1. Opening information

T: I know a little bit about your voice because I’ve read the letters from ENT. Can you tell me what’s been happening to your voice over the last twelve months?

C: Erm... Probably about twelve months ago. I lost my voice, got a really sore throat.

T: Uh huh.

C: Er - it never came back. (Giggles) It's been like this since then. I can't - you know - it doesn't raise any louder now. (I've) always got a sore throat. All (the) time.

T: Do you mind if I jot down some of the things that you're telling me, while you're telling me? (overlap)

C: *No not at all.*

2. List the salient information from client's description of the problem and say why these may be significant.

Answer 1:

(a) By telling the client she has read the ENT's letter, she has demonstrated that she has prepared for this interview by reading the available referral information. It also reassures the client about continuity of care and hand-over between ENT and SLT.
At the end of the tutorial, student is required to complete summary of findings and write report to the ENT consultant.

5.5. Referral back to ENT

T: What I’ll do is drop a note to Mr (X) saying that I’ve seen you and saying what we’ve decided to do. I won’t make you another appointment with him yet, but we’ll leave it and then perhaps in about six months time we might send you back for another look.

Questions:
1. Draft an outline letter to the ENT consultant to report on this interview.
2. Why refer back to ENT?

Answer 1:

Dear Mr ENT: re X

Thank you for referring Miss X. In the initial appointment today, I found Miss X to be an open and communicative young woman who has obviously been...
Value of ViSUAL as learning tool (Staff perspective)

- Consistent experience for all students
- Slows down the action and makes learning points explicit
- Available for different learning points
  - As part of the formal lecture course
  - Preparation for Masterclass
    - Real time interview by experienced SLT
  - Students borrow CD-Rom to rehearse before undertaking initial interview
- **DOWNSIDE:** It took ages to deconstruct the content and write the tutorial!
  - A bit didactic?
• “It helped me that I could look back and think about each little bit”
• “The questions and answers really made me understand what you mean by ‘theory in practice’”
• “I wish we had one of these for each patient group”
• “It helped me prepare for my first interview”
A Reflective Clinician: How do we achieve our aim?

One method won’t suit all

- Use a mixture
- Compulsory or assessed reflection - may not be true reflection
- Without compulsory or assessed nature students may not engage

Acquired skill

- Needs cultivating
- Consider the use of role model
- Shared supportive reflection
- Demonstrate the value / be explicit about benefits and rewards

Required skill

- To achieve clinical excellence
- CPD evidence for HPC
References


